

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples CoreyAIS NO: W2624 CELL: G-24VIOLATION: _____
OR REASON: _____DATE & TIME
RECEIVED: _____
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	MEALS	B	I	D	S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
6-29	MORN	X									nm
	DAY										
	EVE			Y							nm
6-30	MORN	Y					N				DZ
	DAY										EG
	EVE						✓				ED
7/1	MORN	✓									BB
	DAY										
	EVE										
7/2/14	MORN	✓									JR AM
	DAY										
	EVE										
7/3	MORN	✓									ce
	DAY										
	EVE										39
7/4	MORN	Y					N				BB
	DAY										EW
	EVE						Y				CC
7/5	MORN	✓					N				BB
	DAY										ED
	EVE										CC

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Attachment 5 - HCF SOP 12-12

2014

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, CoryAIS NO: W-71024 CELL: G-26VIOLATION
OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS		SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D						
12/21	MORN	✓							z
	DAY								
	EVE		✓						z
12/22	MORN								nm
	DAY		✓						nm
	EVE		✓						
12/23	MORN	✓							de
	DAY								
	EVE		✓						
12/24	MORN	✓							CS
	DAY		✓						
	EVE		✓						
12/25	MORN	✓							CS
	DAY								
	EVE		✓						
	MORN								
	DAY								
	EVE								
	MORN								
	DAY								
	EVE								

Maples DOC

000482

W.C. Holman

2014

INSTITUTION
SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Cope

AJS NO: W2624 CELL: G-24

VIOLATION OR REASON:

ADMITTANCE

DATE & TIME RECEIVED:

AUTHORIZED BY:

PERTINENT INFORMATION:

DATE & TIME RELEASED:

DATE	SHIFT	MEALS	B	I	D	S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS	OIC SIGNATURE
12/15	MORN	✓										CD
	DAY	✓										CS
	EVE		✓									CS
12/16	MORN	✓										CD
	DAY	✓										CS
	EVE		✓									CS
12/17	MORN											KS
	DAY											
	EVE											
12/18	MORN	✓										CD
	DAY											
	EVE		✓									
12/19	MORN	✓										BR
	DAY											
	EVE											
	MORN											
	DAY											
	EVE											
	MORN											
	DAY											
	EVE											
	MORN											
	DAY											
	EVE											

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assultive; etc.
Most / Least Active: (A) No (N), Relaxed (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 8:30 AM TO 12:00 PM, 1:00 PM TO 3:00 PM)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: Enter any comments here. Use reverse sides for extended data.

and include date, signature, and title.

O/C Signature: O/C must sign all record sheets each shift.

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, CoryAIS NO: W-Z1024 CELL: G-26VIOLATION
OR REASON: _____ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RECEIVED: _____DATE & TIME
RELEASED: _____PERTINENT
INFORMATION: _____

DATE	SHIFT	MEALS		SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D						
12/7	MORN	✓							CS
	DAY								
	EVE	✓	✓						CS
8	MORN	✓							es
	DAY								
	EVE								
9	MORN	✓							BS
	DAY	/							
	EVE	/			n				BS
12/10	MORN	✓	x						Km
	DAY	x							
	EVE				n				
12/11	MORN	✓							JK
	DAY	/	/		n				
	EVE								BS
	MORN								
	DAY								
	EVE								
12/12	MORN	/	/						WG
	DAY	/	/						
	EVE								

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Maples - DOC

000484

W.C. Holman

(INSTITUTION)

2014

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Cope

AIS NO: W2624 CELL: G-24

VIOLATION

ADMITTANCE

OR REASON:

AUTHORIZED BY:

DATE & TIME

DATE & TIME

RECEIVED:

RELEASED:

PERTINENT

INFORMATION:

DATE	SHIFT	MEALS	BIDS	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	SIGNATURE
11/30	MORN								RS
	DAY								RS
	EVE								RS
12/1	MORN								RS
	DAY								RS
	EVE								RS
12/2	MORN								RS
	DAY								RS
	EVE								RS
12/3	MORN								RS
	DAY								RS
	EVE								RS
12/4	MORN								RS
	DAY								RS
	EVE								RS
12/5	MORN								RS
	DAY								RS
	EVE								RS
6	MORN								RS
	DAY								RS
	EVE								RS

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaulitive; etc.

Meat/Cheese: Checked (V), No (N), Refused (R)

Exercise: Enter Physical Time Period and Inside or Outside (i.e., 0500-0600 IN, 2000-2300 OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychologist/ Counselor will sign each time the inmate is seen.

Clerk: Clerk will sign each time. Use reverse sides for add'l signatures
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Coron

VIOLATION
OR REASON:

DATE & TIME
RECEIVED:

PERTINENT
INFORMATION:

AIS NO: W-71024 CELL: G-26

ADMITTANCE
AUTHORIZED BY:

DATE & TIME
RELEASED:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
11/23	MORN	✓								✓
	DAY									✓
	EVE		✓							✓
11/24	MORN	✓								BB
	DAY	✓								✓
	EVE	✓								✓
11/25	MORN	✓								✓
	DAY	✓								AP
	EVE	✓	✓	✓		✓				✓
11/26	MORN	✓								✓
	DAY	✓	✓	✓						✓
	EVE									✓
11/27	MORN	✓								✓
	DAY									✓
	EVE	✓	✓	✓						✓
11/28	MORN	✓								✓
	DAY									✓
	EVE	✓								✓
	MORN									
	DAY									
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.

W.C. Holman

(INSTITUTION)

2014

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Cory

AIS NO: W2624 CELL: G-26

VIOLATION
OR REASON:

ADMITTANCE
AUTHORIZED BY:

DATE & TIME
RECEIVED:

DATE & TIME
RELEASED:

PERTINENT
INFORMATION:

DATE	SHIFT	MEALS	BIDS	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
11/14	MORN	/							
	DAY								
	EVE		/						
	MORN								
	DAY								
	EVE								
11/15	MORN								PS
	DAY	/		/					
	EVE								
11/19	MORN								AB
	DAY								
	EVE								
11/20	MORN								BB
	DAY	/		/					
	EVE								
11/21	MORN	/							PA
	DAY	/							
	EVE								
	MORN								
	DAY								
	EVE								

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assultive; etc.

Medical: Yes (Y), No (N), Refused (R)

Exercise: Enter Normal Time Period and Inside or Outside (i.e., 8:00 AM TO 2:00 PM OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Counselor: Please initial all signatures because reverse sides for additional signatures

and include date, signature, and title.

O/C Signature: O/C must sign all record sheets each shift.

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, CoryVIOLATION
OR REASON: _____DATE & TIME
RECEIVED: _____PERTINENT
INFORMATION: _____AIS NO: W-21624 CELL: G-26ADMITTANCE
AUTHORIZED BY: _____DATE & TIME
RELEASED: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
1/9	MORN	✓								CS
	DAY									
	EVE	✓	✓							CS
10	MORN	✓								BS
	DAY									
	EVE									RG
11	MORN	✓								BS
	DAY									
	EVE									RG
12	MORN	✓								BS
	DAY									
	EVE									RG
13	MORN									mm
	DAY	✓								mm
	EVE									
	MORN									
	DAY									
	EVE									
	MORN									
	DAY									
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Maples - DOC

000488

W.C. Holman

2014

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Cory

AIS NO: W2624 CELL: G-24

VIOLATION
OR REASON:

ADMITTANCE
AUTHORIZED BY:

DATE & TIME
RECEIVED:

DATE & TIME
RELEASED:

PERTINENT
INFORMATION:

DATE	SHIFT	MEALS	B	I	D	S	SH	EXERCISE	MEDICAL VISIT	PSYCH. VISIT	COMMENTS*	O/C SIGNATURE
11/2	MORN	/										RG
	DAY	/										
	EVE	/										
11/3	MORN	/										CL
	DAY	/										
	EVE	/										CS
11/4	MORN	/										CB
	DAY	/										
	EVE	/										
11/5	MORN	/										RD
	DAY	/										
	EVE	/										
11/6	MORN	/										AB
	DAY	/										AB
	EVE	/										AB
11/7	MORN	/										SL
	DAY	/										
	EVE	/										ES

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaulter; etc.

Meals/Shift: Yes (Y), No (N), Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:00 AM TO 10:20 AM OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: Enter any pertinent information. Please reverse sides for additional comments.

O/C signature: O/C must sign all record sheets each shift.

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, CoronAIS NO: W-Z1024 CELL: G-20VIOLATION
OR REASON:ADMITTANCE
AUTHORIZED BY:DATE & TIME
RECEIVED:DATE & TIME
RELEASED:PERTINENT
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	I						
10/29	MORN	/								CD
	DAY	/								WJ
	EVE	/								52
10/28	MORN	/								JK
	DAY	/								
	EVE	/								
10/29	MORN	/								MLH
	DAY									
	EVE	/								ED
10/29	MORN	/								
	DAY	/								
	EVE	/								
10/31	MORN	/								CD
	DAY	/								AB
	EVE	/								
11/1	MORN	/								CD
	DAY	/								AB
	EVE	/								
	MORN									
	DAY									
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.

Maples - DOC

000490

W.C. Holman

2014

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Corey

AIS NO: W2624 CELL: G-26

VIOLATION
OR REASON:ADMITTANCE
AUTHORIZED BY:DATE & TIME
RECEIVED:DATE & TIME
RELEASED:PERTINENT
INFORMATION:

DATE	SHIFT	MEALS	B	I	D	S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS	OIC SIGNATURE
10/19	MORN											SC
	DAY											RL
	EVE											
10/20	MORN											WNG AL
	DAY											
	EVE											
10/21	MORN											
	DAY											
	EVE											
10/22	MORN											QJ
	DAY											CG
	EVE											
10/23	MORN											SO
	DAY											RG
	EVE											
10/24	MORN											AZ
	DAY											
	EVE											
10/25	MORN											QJ
	DAY											
	EVE											

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/Shift Change: Yes (Y), No (N), Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 8:00 AM - 10:00 AM IN, 2:00 PM - 3:00 PM OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: Enter any comments here. Use reverse side for additional comments.

and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, CoronAIS NO: W-71024 CELL: G-2bVIOLATION
OR REASON: _____

ADMITTANCE: _____

DATE & TIME
RECEIVED: _____

AUTHORIZED BY: _____

PERTINENT
INFORMATION: _____DATE & TIME
RELEASED: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
10/12	MORN									CS
	DAY									
	EVE									CS
13	MORN									(R)
	DAY									
	EVE									
14	MORN									
	DAY									
	EVE									AB
15	MORN									
	DAY									
	EVE									CC
10/16	MORN	✓	✓							BB
	DAY	✓	✓							A
	EVE	✓	✓							
10/17	MORN									MM
	DAY									MM
	EVE									
10/18	MORN	✓	✓							CC
	DAY	✓	✓							AG
	EVE	✓	✓							

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title

Maples - DOC

000492

W.C. Holman

2014

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Corey

AIS NO: W2624 CELL: G-26

VIOLATION
OR REASON:

ADMITTANCE
AUTHORIZED BY:

DATE & TIME
RECEIVED:

DATE & TIME
RELEASED:

PERTINENT
INFORMATION:

DATE	SHIFT	MEALS	B/D IS	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS	OIC SIGNATURE
9/5	MORN								RG
	DAY								RB
	EVE								
	MORN								
	DAY								
	EVE								
7	MORN								A
	DAY								
	EVE								
10/8	MORN								JK
	DAY								AB
	EVE								
9	MORN								BS
	DAY								A
	EVE								
	MORN								
	DAY								
	EVE								
	MORN								
	DAY								
	EVE								

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/Shift: Checked Yes (Y), No (N), Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,

8:00/10:00 IN, 2:00/2:30 OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychologist/Counselor will sign each time the inmate is seen.

Comments: Enter comments here. Use reverse side for additional comments
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W. C. Holmes

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Marcos Coron

AIS NO: W-Z1024 CELL: G-210

VIOLATION
OR REASON: _____

ADM NO: W-201 CELL: 000
ADMITTANCE
AUTHORIZED BY:

DATE & TIME
RECEIVED:

**DATE & TIME
RELEASED:**

**PERTINENT
INFORMATION:**

DATE	SHIFT	MEALS B D I S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
9-29	MORN	✓						JIT
	DAY							
	EVE							
30	MORN	✓						Cla 37
	DAY	—						
	EVE	—						
10-1	MORN		N					
	DAY	—						
	EVE	—						
10-2	MORN	✓						JP
	DAY	✓						
	EVE	✓						
3	MORN	✓						RQ
	DAY	✓						
	EVE	✓						
4	MORN	✓						cd
	DAY	✓						
	EVE	✓						
	MORN							
	DAY							
	EVE							

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,

9:30/10:00 IN; 2:00/2:30 OUT

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

W.C. Holman

(INSTITUTION)

2015

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Cory

VIOLATION OR REASON:

DATE & TIME RECEIVED:

PERTINENT INFORMATION:

AIS NO: W2624 CELL: G-24

ADMITTANCE:

AUTHORIZED BY:

DATE & TIME:

RELEASED:

DATE	SHIFT	MEALS	B-D I-S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS	OIC SIGNATURE
3/22	MORN								
	DAY								
	EVE								
3/23	MORN								JK
	DAY								JK
	EVE								
3/24	MORN								JK
	DAY								
	EVE								
25	MORN								es
	DAY								es
	EVE								
3/26	MORN								DB
	DAY								
	EVE								
3/27	MORN								QJ
	DAY								
	EVE								
3/28	MORN								JK
	DAY								
	EVE								

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals: Enter Type of Meal (e.g., M, L, S, N), Raised (R) or

Exercise: Enter Total Time Period and Inside or Outside (i.e., 3:00 AM - 6:00 PM, 30 MIN OUT)

Medical: Physician will stamp below the inmate is seen.

Psych: Psychologist / Counselor will sign each time the inmate is seen.

Comments: Enter any comments about the inmate's behavior and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. Holman CF
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Coron AIS NO. W-ZW04 CELL: G-20
 VIOLATION OR REASON: _____ ADMITTANCE AUTH. BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S					
1 5/15	MORN	/							<i>[Signature]</i>
	DAY								
	EVE		/	/					<i>[Signature]</i>
2 3/16	MORN	/							<i>[Signature]</i>
	DAY								
	EVE								
3 3/17	MORN	/							<i>[Signature]</i>
	DAY	/	/	R					<i>[Signature]</i>
	EVE	/	/	R					<i>[Signature]</i>
4 18	MORN	/							<i>[Signature]</i>
	DAY	/	/	R					<i>[Signature]</i>
	EVE	/	/	R					<i>[Signature]</i>
5 19	MORN								<i>[Signature]</i>
	DAY	/							<i>[Signature]</i>
	EVE		/						
6 3/20	MORN	/							<i>[Signature]</i>
	DAY	/	/						<i>[Signature]</i>
	EVE	/	/						<i>[Signature]</i>
7 3/21	MORN	/							<i>[Signature]</i>
	DAY								
	EVE								

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. – Conduct, attitude *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman

2015

INSTITUTION
SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Cory

VIOLATION
OR REASON:

DATE & TIME
RECEIVED:

PERTINENT
INFORMATION:

AJS NO: W2624 CELL: G-24

ADMITTANCE:

AUTHORIZED BY:

DATE & TIME:

RELEASED:

DATE	SHIFT	MEALS	BIDS	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
3/8	MORN								KC
	DAY								
	EVE								
	MORN								
	DAY								
	EVE								
3/10	MORN								JK
	DAY								
	EVE								
11	MORN								RS
	DAY								
	EVE								
12	MORN								HSS
	DAY								
	EVE								
13	MORN								25
	DAY								
	EVE								
14	MORN								RS
	DAY								
	EVE								

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.
Medical: Physician (P) Hospital (H) Released (R)

Exercise: Enter Physical Time Period and Inside or Outside (i.e., 9:00 AM TO 12:00 PM OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychologist/Counselor will sign each time the inmate is seen.

Comments: Enter comments here. Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

20/5

W.C. Holman CF
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-71604 CELL: G-20
 VIOLATION OR REASON: _____ ADMITTANCE AUTH. BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1 3/1	MORN	✓								CS
	DAY									
	EVE		✓							CS
2 2	MORN	✓								RS
	DAY		✓							AC
	EVE		✓							
3 3/3	MORN	✓								AC
	DAY		✓	R						BS
	EVE		✓							
4 4	MORN	✓								AC
	DAY		✓	R						BS
	EVE		✓	R						
5 3/5	MORN	✓								DB
	DAY		✓							CS
	EVE		✓							
6 3/6	MORN	✓								JP
	DAY		✓							AG
	EVE		✓							
7 3/7	MORN	✓								AS
	DAY		✓							AC
	EVE		✓							

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman

2015

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Copey

VIOLATION
OR REASON:

DATE RECEIVED:

PERTINENT
INFORMATION:

AIS NO: W2624 CELL: G-26

ADMITTANCE:

AUTHORIZED BY:

DATE & TIME:

RELEASED:

DATE	SHIFT	MEALS	BIDIS	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS	OIC SIGNATURE
2/21	MORN								
	DAY								
	EVE								
2/22	MORN								
	DAY								
	EVE								
2/23	MORN								
	DAY								
	EVE								
2/24	MORN								
	DAY								
	EVE								
2/25	MORN								
	DAY								
	EVE								
2/26	MORN								
	DAY								
	EVE								
2/27	MORN								
	DAY								
	EVE								
2/28	MORN								
	DAY								
	EVE								

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.
Medical: Physician will sign each time the inmate is seen.

Psych: Psychologist or Counselor will sign each time the inmate is seen.

Exercise: Enter hours/time period and Inside or Outside (i.e., 8:30 AM TO 10:00 AM OUT).

Medical: Physician will sign each time the inmate is seen.

Psych: Psychologist or Counselor will sign each time the inmate is seen.

Comments: Enter any pertinent information here. Use reverse side for additional comments.

and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. Holman CF
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Coron AIS NO. W-71024 CELL: G-26
 VIOLATION OR REASON: _____ ADMITTANCE AUTH. BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S					
15	MORN	p							<i>RW</i>
	DAY								
	EVE		p						
16	MORN								<i>BS</i>
	DAY								
	EVE								
17	MORN								<i>ca</i>
	DAY								<i>AC</i>
	EVE								
2/18	MORN								<i>DA</i>
	DAY								<i>DC</i>
	EVE								
2/19	MORN								<i>BS</i>
	DAY								
	EVE								
2/20	MORN				R				<i>BS</i>
	DAY								<i>AC</i>
	EVE								
2/21	MORN								<i>CA</i>
	DAY								<i>RC</i>
	EVE								

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman

2015

INSTITUTION
SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Cory

VIOLATION OR REASON:

DATE & TIME RECEIVED:

PERTINENT INFORMATION:

AIS NO: W2624 CELL: G-24

ADMITTANCE

AUTHORIZED BY:

DATE & TIME

RELEASED:

DATE	SHIFT	MEALS	B	I	D	S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS	OIC SIGNATURE
2/8	MORN											
	DAY											
	EVE											
	MORN											
2/9	DAY											
	EVE											
10	MORN											
	DAY											
	EVE											
	MORN											
11	DAY											
	EVE											
	MORN											
12	DAY											
	EVE											
	MORN											
2/13	DAY											
	EVE											
	MORN											
14	DAY											
	EVE											
	MORN											
	DAY											
	EVE											

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.
Note: Check all that apply (A) Yes (B) No (C) Preferred (P)

Exercise: Enter Physical Time Period and Inside or Outside (i.e., 8:00 AM - 5:00 PM / 2:00 PM - 6:00 PM)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychologist/Counselor will sign each time the inmate is seen.

Comments: Enter any comments here. Use reverse side for additional space and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. Holman
 (INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Coron
 VIOLATION OR REASON: _____
 DATE & TIME RECEIVED: _____
 PERTINENT INFORMATION: _____

AIS NO: W-71024 CELL: G-26
 ADMITTANCE AUTHORIZED BY: _____
 DATE & TIME RELEASED: _____

DATE	SHIFT	MEALS			EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S					
2/1	MORN	✓							BC
	DAY								
	EVE		✓						BC
2/2	MORN								nn
	DAY		✓						nn
	EVE			✓					
2/3	MORN								FB
	DAY		✓						
	EVE			✓					
2/4	MORN	✓							cc
	DAY		✓						FS
	EVE			✓					
2/5	MORN	✓							BP
	DAY		✓						
	EVE			✓					
2/6	MORN		✓						RG
	DAY			✓					
	EVE								
2/7	MORN								RG
	DAY								
	EVE								

Maples - DOC

W.C. Holman

2014

INSTITUTION
SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Cory

VIOLATION
OR REASON:

DATE & TIME
RECEIVED:

PERTINENT
INFORMATION:

AIS NO: W2624 CELL: G-26
ADMITTANCE: AUTHORIZED BY:
DATE & TIME: RELEASED:

DATE	SHIFT	MEALS	B	I	D	S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS	OIC SIGNATURE
1/25	MORN											AG
	DAY											
	EVE											
1/26	MORN											QT
	DAY											ES
	EVE											
1/27	MORN											ES
	DAY											
	EVE											
28	MORN											DB
	DAY											
	EVE											
1/29	MORN											BC
	DAY											BC
	EVE											
1/30	MORN											AC
	DAY											CS
	EVE											CS
1/31	MORN											DB
	DAY											
	EVE											

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.
 Yes No No Answer (N/A) Released (R)

Exercise: Enter Physical Time Period and Inside or Outside (i.e.,
 8:00 AM - 9:00 AM GUTT)

Medical: Physician will sign below the inmate is seen.

Psych: Psychologist / Counselor will sign each time the inmate is seen.

Counselor: Counselor will sign each time the inmate is seen. Use reverse side for additional signatures.

and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, CoryAIS NO: W-Z1024 CELL: B-26VIOLATION
OR REASON:ADMITTANCE
AUTHORIZED BY:DATE & TIME
RECEIVED:DATE & TIME
RELEASED:PERTINENT
INFORMATION:

DATE	SHIFT	MEALS			EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	I					
1/18	MORN	✓							CS
	DAY								
	EVE		✓						
1/19	MORN				✓				SP
	DAY								
	EVE								KC
1/20	MORN	✓							SE
	DAY		✓						
	EVE								KC
1/21	MORN								KS
	DAY								
	EVE								
1/22	MORN	✓					R		DPS
	DAY								
	EVE		✓						
23	MORN	✓							RS
	DAY		✓						
	EVE								
24	MORN	✓							AM
	DAY		✓						
	EVE								RC

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Maples - DOC

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

000504

Exercise: Enter Actual Time Period and Inside or Outside (i.e..

W.C. Holman

2015

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Cope

VIOLATION
OR DEATH.

CHIEF BUREAU
DATA NAME

DATE TIME
RECEIVED

תְּבִ�ָה

PER TINENT MECOLOGIA

AIS NO: W2624 CELL: G-21
ADMITTANCE:

ADMITTANCE

AUTHORIZED BY:

DATE & TIME

Pertinent Info: i.e. Epileptic; Diabetic; Subject to...)

~~MENTAL ILLNESS; DIABETIC; SUICIDAL; M~~

~~ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED (R)~~

Exercise: Enter a Real Time Period and Time Interval

~~9.50 IN, 2.00/2.50 OUT~~

~~Medical Physician will sign & coordinate the inmates is a~~

~~Psychological Counsellor will see each time the inmate is seen.~~

四

Use reverse sides for additional pages.

_____ includes date, signature, and title.
O/C's signature: O/C must sign all messages.

I must sign all record sheets each shift.

— 10 —

Journal of Health Politics, Policy and Law, Vol. 35, No. 4, December 2010
DOI 10.1215/03616878-35-4 © 2010 by The University of Chicago

W.C. Holman

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Coron
 VIOLATION OR REASON: _____
 DATE & TIME RECEIVED: _____
 PERTINENT INFORMATION: _____

AIS NO: W-71024 CELL: G-20
 ADMITTANCE: _____
 AUTHORIZED BY: _____
 DATE & TIME RELEASED: _____

DATE	SHIFT	MEALS			EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	I/S					
1/4	MORN	✓							dc
	DAY								
	EVE		✓	✓					dc
5	MORN	✓							bc
	DAY								
	EVE								
6	MORN	✓							rc
	DAY								
	EVE		✓						fm
7	MORN	✓							rc
	DAY		✓						rk
	EVE								
8	MORN	✓							dl
	DAY		✓						ed
	EVE		✓						eo
9	MORN	✓							jk
	DAY								
	EVE								
10	MORN	✓							sm
	DAY		✓						rt
	EVE								

W.C. Holman

2014

INSTITUTION
SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Cope

VIOLATION
OR REASON:DATE & TIME
RECEIVED:PERTINENT
INFORMATION:

AIS NO: U2624 CELL: G-26

ADMITTANCE:

AUTHORIZED BY:

DATE & TIME:

RELEASED:

DATE	MEALS	B	I	D	S.	SH	EXERCISE	MEDICAL	PSYCH	VISIT	VISIT	COMMENTS*	OIC SIGNATURE
12/29	MORN												CG
	DAY												ES
	EVE												
30	MORN												as
	DAY												IS
	EVE												
12/31	MORN												JK
	DAY												
	EVE												
1/1	MORN												CA
	DAY												
	EVE												
1/3	MORN												
	DAY												
	EVE												
	MORN												
	DAY												
	EVE												

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Medical: Physician will sign each time the inmate is seen.

Exercise: Enter Period Time Period and Inside or Outside (i.e., 8:30 AM - 9:00 AM OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychologist/Counselor will sign each time the inmate is seen.

Comments: Enter any pertinent information here.

and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. Holman CF
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Cory AIS NO. W-71024 CELL: G-20
 VIOLATION OR REASON: _____ ADMITTANCE AUTH. BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1 6/28	MORN	✓								ST
	DAY		✓							TK
	EVE		✓							
2 6/29	MORN	✓								M.P.
	DAY		✓							K
	EVE		✓							
3 6/30	MORN	✓								OK
	DAY		✓							dw
	EVE		✓							TK
4 7/1	MORN	✓								M.P.
	DAY									
	EVE									
5	MORN									
	DAY									
	EVE									
6	MORN									
	DAY									
	EVE									
7	MORN									
	DAY									
	EVE									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman

2015

INSTITUTION
SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Cory

AIS NO: W2624 CELL: G-24

VIOLATION
OR REASON:

ADMITTANCE:

DATE & TIME
RECEIVED:

AUTHORIZED BY:
DATE & TIME
RELEASED:

PERTINENT
INFORMATION:

DATE	SHIFT	MEALS	B-D'S.	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS	OIC SIGNATURE
6/15	MORN								<i>MP</i>
	DAY								
	EVE								
6/16	MORN								<i>SKS</i>
	DAY								
	EVE								
6/17	MORN								<i>ES</i>
	DAY								
	EVE								
6/18	MORN								<i>TS</i>
	DAY								
	EVE								
6/19	MORN								<i>TS</i>
	DAY								
	EVE								
6/20	MORN								<i>TS</i>
	DAY								
	EVE								
	MORN								
	DAY								
	EVE								
	MORN								
	DAY								
	EVE								

Pertinent Info: I.E. Epileptic; Diabetic; Suicidal; Assaultive; etc.
Exercise: Enter Actual Time Period and Inside or Outside (I.e., 8:00 AM - 12:00 PM, 2:00 PM - 6:00 PM)

Medical: Physician will sign _____ the inmates is seen.

Psych: Psychologist or Counselor will sign each time the inmate is seen.

C.O.: _____ the inmate is seen. Use reverse side for excess info and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. Holman CF
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Coron AIS NO. W-7104 CELL: G-20
 VIOLATION OR REASON: _____ ADMITTANCE AUTH. BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S					
1 <u>6/8/05</u>	MORN	/							<u>JK</u>
	DAY								
	EVE								
2 <u>6/9</u>	MORN	/							<u>MP</u>
	DAY								
	EVE		/						<u>BL</u>
3 <u>6/10</u>	MORN	/							<u>RR</u> <u>FS</u>
	DAY		/		R				
	EVE								
4 <u>6/11/05</u>	MORN	/							<u>JK</u>
	DAY								
	EVE								
5 <u>6/12</u>	MORN	/							<u>MP</u>
	DAY								
	EVE								
6 <u>6/13</u>	MORN	/							<u>JK</u>
	DAY								
	EVE								
7	MORN								
	DAY								
	EVE								

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman

(INSTITUTION)

2015

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Cooper

VIOLATION
OR REASON:

DATE & TIME
RECEIVED:

PERTINENT
INFORMATION:

AJS NO: W2624 CELL: G-26

ADMITTANCE:

AUTHORIZED BY:

DATE & TIME

RELEASED:

DATE	SHIFT	MEALS	B/D/T/S.	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
	MORN								
	DAY								
	EVE								
	MORN	V							
6/1	DAY				R				ED
	EVE								SS
	MORN	V							
6/3	DAY								
	EVE								
	MORN	V							
6/4	DAY								
	EVE	V							
	MORN								
6/6	DAY								
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W.C. Holman

(INSTITUTION)

2015

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Cope

VIOLATION
OR REASON:DATE & TIME
RECEIVED:PERTINENT
INFORMATION:

AIS NO: W2624 CELL: G-24

ADMITTANCE:

AUTHORIZED BY:

DATE & TIME

RELEASED:

DATE	MEALS	SHIFT	B/D/T/S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS	OIC SIGNATURE
5/18		MORN							MF
		DAY							
		EVE							
5/19		MORN							JK
		DAY							AB
		EVE							b1
5/20		MORN							JK
		DAY							
		EVE							
5/21		MORN							EQ
		DAY							EQ
		EVE							
5/22		MORN							TR
		DAY							MF
		EVE							
5/23		MORN							MF
		DAY							
		EVE							

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.
Med. Condition: (i.e., Malaria, AIDS, etc.) Preferred (i.e.,Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
8:00 AM TO 12:00 PM OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychologist / Counselor will sign each time the inmate is seen.

Counselor: Counselor will sign each time the inmate is seen.

and include date, signature, and title.

O/C Signature: O/C must sign all record sheets each shift.

W.C. Holman CF
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Coron AIS NO. W-71004 CELL: G-20
 VIOLATION OR REASON: _____ ADMITTANCE AUTH. BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S					
1 <i>5/28</i>	MORN	/							<i>MF</i>
	DAY								<i>MF</i>
	EVE		/						<i>MF</i>
2	MORN								
	DAY								
	EVE								
3	MORN								
	DAY								
	EVE								
4 <i>5/29</i>	MORN								<i>FS</i>
	DAY	/			1	2			
	EVE	/							
5 <i>5/29/15</i>	MORN	/							<i>SK</i>
	DAY								
	EVE								
6	MORN								
	DAY								
	EVE								
7	MORN								
	DAY								
	EVE								

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman CF
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Coron AIS NO. W-71024 CELL: G-2b
 VIOLATION OR REASON: _____ ADMITTANCE AUTH. BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1 5/11/15	MORN	/								JK
	DAY									
	EVE									
2 5/13	MORN									JS
	DAY	/	/		R					FS
	EVE	/	/							
3 5/14	MORN	/								DL
	DAY									
	EVE		/							WT
4 5/15	MORN	/								ZJ
	DAY									
	EVE									
5	MORN									
	DAY									
	EVE									
6	MORN									
	DAY									
	EVE									
7	MORN									
	DAY									
	EVE									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman

2015

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Myles Cooper

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OP. REASON

DATE IN FILE
RECEIVED

**PERTINENT
INFORMATION:**

AJS NO: WZ2624

ADMITTANCE

AUTHORIZED BY

DATE & TIME:

RELEASER:

Pertinent Info: i.e., Epileptic; Diabetic; Subdural; Ascertained;

ANOTHER PAPER FROM THE SOURCE.

Exercise. Enter Special-Links Period and its Sub-periods.

~~5.00/- IN 2002 मा उत्त~~

~~Medical Physician will sign a certificate the inmates is excepted from the treatment~~

F5

~~and includes date, signature and title.~~

10

Must sign all record sheets

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Maples - DÓC

• 000515

W.C. Holman CF
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-71604 CELL: G-2b
 VIOLATION OR REASON: _____ ADMITTANCE AUTH. BY: _____
 DATE & TIME RECEIVED _____ DATE & TIME RELEASED _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1 <i>4/24</i>	MORN	✓								<i>TS</i>
	DAY	✓								
	EVE									
2	MORN									
	DAY									
	EVE									
3 <i>4/28</i>	MORN									<i>BS</i>
	DAY		✓							
	EVE		✓							
4 <i>4/29</i>	MORN									<i>BS</i>
	DAY		✓							
	EVE		✓							
5 <i>4/30</i>	MORN	✓								<i>BS</i>
	DAY									
	EVE									
6 <i>5/1</i>	MORN	✓								<i>dm</i>
	DAY									
	EVE									
7 <i>5/2</i>	MORN	✓								<i>cl</i>
	DAY		✓							
	EVE									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman

(INSTITUTION)

2015

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Cory

VIOLATION
OR REASON:

DATE & TIME
RECEIVED:

PERTINENT
INFORMATION:

AIS NO: WZ624 CELL: G-26
ADMITTANCE: AUTHORIZED BY:
DATE & TIME RELEASED:

DATE	SHIFT	MEALS	B	I	D	S.	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
	MORN											
	DAY											
	EVE											
	MORN											
4/20	DAY											
	EVE											
	MORN											
4/21	DAY											
	EVE											
	MORN											
4/22	DAY											
	EVE											
	MORN											
4/23	DAY											
	EVE											
	MORN											
4/24	DAY											
	EVE											
	MORN											
4/25	DAY											
	EVE											

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Medical: Physical: Physician's name the inmate is seen.

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:00A-10:00P IN-20073-SG OUT).

Medical: Physician's signature when the inmate is seen.

Psych: Psychologist/Counselor's name each time the inmate is seen.

Counselor: Counselor's signature each time the inmate is seen. Use reverse side for additional signatures.

Comments: Any other pertinent information.

OIC Signature: OIC must sign all record sheets each shift.

W.C. Holman CF
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-71604 CELL: G-26
 VIOLATION OR REASON: _____ ADMITTANCE AUTH. BY: _____
 DATE & TIME RECEIVED _____ DATE & TIME RELEASED _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1 4/12	MORN	✓								✓
	DAY									
	EVE			✓						✓
2 4/14	MORN	✓								WG
	DAY									
	EVE									
3 4/15	MORN	✓								JK
	DAY									
	EVE									
4 4/16	MORN	✓								JK
	DAY	✗								
	EVE									
5 4/17	MORN									
	DAY									
	EVE									
6 4/18	MORN									
	DAY									
	EVE									
7	MORN									
	DAY									
	EVE									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman

2015

INSTITUTION
SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Corp

AJS NO: WZ624 CELL: G-26

VIOLATION
OR REASON:

ADMITTANCE:

DATE & TIME
RECEIVED:

AUTHORIZED BY:

PERTINENT
INFORMATION:

DATE & TIME
RELEASED:

DATE	SHIFT	MEALS	B-D-S.	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS	OIC SIGNATURE
4/15	MORN	✓							rr
	DAY								
	EVE								
4/16	MORN	✓							rr
	DAY								
	EVE								
4/17	MORN				R				FS
	DAY								
	EVE								
4/18-19	MORN	✓							JK
	DAY								
	EVE				R				FS
4/19/15	MORN	✓							JK
	DAY								
	EVE								
10	MORN	✓							RR
	DAY								
	EVE				✓				
11	MORN	✓							RR
	DAY								RR
	EVE				✓				RR

Pertinent Info.: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.
Med: Physician will sign each time the inmate is seen.

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 8:00 AM TO 11:00 PM OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychologist will sign each time the inmate is seen.

C.D.A.: Counselor will sign each time the inmate is seen. Use reverse side for add'l info.

End to include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. Holman CF
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Coron AIS NO. W-71024 CELL: G-20
 VIOLATION OR REASON: _____ ADMITTANCE AUTH. BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
3/30	MORN	✓								SB
	DAY		✓							
	EVE			✓						
3/31	MORN	✓								CL
	DAY									FS
	EVE					R				
4/1	MORN	✓								QJ
	DAY		✓							ES
	EVE			✓						
4/2	MORN									SC
	DAY		✓							ED
	EVE			✓		N				
4/3	MORN	✓								JK
	DAY									
	EVE									
4/4	MORN	✓								BS
	DAY									
	EVE									
7	MORN									
	DAY									
	EVE									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman

(INSTITUTION)

2015

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Cope

VIOLATION
OR REASON:

DATE & TIME
RECEIVED:

PERTINENT
INFORMATION:

AIS NO: W2624 CELL: G-21

ADMITTANCE:

AUTHORIZED BY:

DATE & TIME:

RELEASED:

DATE	SHIFT	MEALS	B-D I.S.	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS	CIC SIGNATURE
9/22	MORN								JK
	DAY								BL
	EVE								
9/23	MORN								TR
	DAY								
	EVE								
9/24	MORN								IB
	DAY								
	EVE								
9/25	MORN								DC
	DAY								
	EVE								
9/26	MORN								DC
	DAY								
	EVE								
	MORN								
	DAY								
	EVE								
	MORN								
	DAY								
	EVE								

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.
Med. Condition: (i.e., High Blood Pressure, etc.)

Exercise: Enter visual Time Period and Inside or Outside (i.e., 8:00 AM - 9:00 AM IN-DOORS AND OUT)

Medical: Physician will sign off on each time the inmate is seen.

Psych: Psychiatrist will sign off on each time the inmate is seen.

Maples - DOC

000521

W.C. Holman CF
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Coron AIS NO. W-71604 CELL: G-26
 VIOLATION OR REASON: _____ ADMITTANCE AUTH. BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1 9/14	MORN									
	DAY									
	EVE									
2 9/15	MORN									
	DAY									
	EVE									
3 9/16	MORN									
	DAY									
	EVE									
4 9/17	MORN									
	DAY									
	EVE									
5 9/18	MORN									
	DAY									
	EVE									
6 9/19	MORN									
	DAY									
	EVE									
7	MORN									
	DAY									
	EVE									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman

INSTITUTION

2015

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Copey

AIS NO: W2624 CELL: G-26

VIOLATION
OR REASON:

ADMITTANCE:

DATE & TIME
RECEIVED:

AUTHORIZED BY:

PERTINENT
INFORMATION:

DATE & TIME
RELEASED:

DATE	SIFT	MEALS	B I D S.	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS	OIC SIGNATURE
Sept 7	MORN								
	DAY								
	EVE								
9/8	MORN								
	DAY								
	EVE								
9/9	MORN								
	DAY								
	EVE								
9/10	MORN								
	DAY								
	EVE								
9/11	MORN								
	DAY								
	EVE								
	MORN								
	DAY								
	EVE								
	MORN								
	DAY								
	EVE								

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,

8:00 AM - 11:00 AM, 1:00 PM - 4:00 PM)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychologist or Counselor will sign each time the inmate is seen.

Comments: Enter any other pertinent information. Please use reverse side for add'l space.

and include date, signature, etc.

W.C. Holman C.F.
(INSTITUTION)

2015

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Conroy AIS NO. N-7104 CELL: G-20
 VIOLATION OR REASON: _____ ADMITTANCE AUTH. BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
<u>8/30</u>	MORN	✓								<u>CS</u>
	DAY									
	EVE			✓						<u>CS</u>
2	MORN									
	DAY									
	EVE									
<u>9/1</u>	MORN	✓								<u>CL</u>
	DAY									
	EVE			✓						<u>PS AC</u>
<u>9/2</u>	MORN	✓								<u>AZ</u>
	DAY									<u>BS</u>
	EVE									
<u>9/3/15</u>	MORN	✓								<u>JK</u>
	DAY									<u>ZT</u>
	EVE									
<u>9/4</u>	MORN	✓								<u>JP</u>
	DAY									
	EVE									
7	MORN									
	DAY									
	EVE									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. – Conduct, attitude *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman

(INSTITUTION)

2015

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Cope

VIOLATION
OR REASON:

DATE & TIME
RECEIVED:

PERTINENT
INFORMATION:

AJS NO: U2624 CELL: G-26
ADMITTANCE:
AUTHORIZED BY:
DATE & TIME:
RELEASED:

DATE	SHIFT	MEALS		EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S.				
8/23	MORN	✓						cc
	DAY							
	EVE							
8/24	MORN							
	DAY	✓						
	EVE	✓						
	MORN							
	DAY							
	EVE							
8/26	MORN							MD
	DAY							
	EVE							
	MORN							
	DAY							
	EVE							
8/28	MORN	✓						Roberts
	DAY							
	EVE							
8/29	MORN							DL
	DAY							
	EVE							

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assultive; etc.

Exercise: Enter Period-Time Period and Inside or Outside (i.e.,

8:00 A.M. TO 2:00 P.M. OUT)

Medical: Physician will sign when the inmate is seen.

Psych: Psychologist will sign when each time the inmate is seen.

Comments: Enter comments in reverse side of page.

*Comments must include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

W.C. Holman CF
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Coronel AIS NO. W-71604 CELL: G-20
 VIOLATION OR REASON: _____ ADMITTANCE AUTH. BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S					
8/18	MORN	V							LL
	DAY		V						MM
	EVE		V						MM
8/19	MORN								KS
	DAY		V		R				
	EVE		V						
8/20	MORN	V							9/2
	DAY		V						ES
	EVE		V						
8/21	MORN								
	DAY		V						
	EVE		V						
8/22	MORN								BE
	DAY		V						BE
	EVE		V						
8/23	MORN								
	DAY								
	EVE								
8/24	MORN								
	DAY								
	EVE								
8/25	MORN								
	DAY								
	EVE								
8/26	MORN								
	DAY								
	EVE								
8/27	MORN								
	DAY								
	EVE								
8/28	MORN								
	DAY								
	EVE								
8/29	MORN								
	DAY								
	EVE								
8/30	MORN								
	DAY								
	EVE								
8/31	MORN								
	DAY								
	EVE								

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower – Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. – Conduct, attitude *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman

(INSTITUTION)

2015

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Manles Cooper

VIOLATION
OR REASON:

DATE & TIME
RECEIVED:

PERTINENT
INFORMATION:

AS NO: W2624 CELL: G-24

ADMITTANCE:

AUTHORIZED BY:

DATE & TIME
RELEASED:

DATE	SHIFT	MEALS	B	I	D	S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
8/10	MORN	/	/	/	/	/	/	/	/	/		
	DAY	/	/	/	/	/	/	/	/	/		
	EVE	/	/	/	/	/	/	/	/	/		
8/11	MORN	/	/	/	/	/	/	/	/	/		
	DAY	/	/	/	/	/	/	/	/	/		
	EVE	/	/	/	/	/	/	/	/	/		
8/12	MORN	/	/	/	/	/	/	/	/	/		
	DAY	/	/	/	/	/	/	/	/	/		
	EVE	/	/	/	/	/	/	/	/	/		
8/13	MORN	/	/	/	/	/	/	/	/	/	DB NM NM	
	DAY	/	/	/	/	/	/	/	/	/		
	EVE	/	/	/	/	/	/	/	/	/		
8/14	MORN	/	/	/	/	/	/	/	/	/	QJ NM NM	
	DAY	/	/	/	/	/	/	/	/	/		
	EVE	/	/	/	/	/	/	/	/	/		
8/15	MORN	/	/	/	/	/	/	/	/	/	GT	
	DAY	/	/	/	/	/	/	/	/	/		
	EVE	/	/	/	/	/	/	/	/	/		

Pertinent Info: (i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.)

Exercise: Enter Total Time Period and Inside or Outside (i.e., 3:00 AM - 6:00 PM OUT)

Medical: Physical will sign each time the inmate is seen.

Psych: Psych will sign each time the inmate is seen.

CD: Reverse side for record.

Comments: (Include date, signature, and title.)

OIC Signature: OIC must sign all record sheets each shift.

W.C. Holman CF
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Conroy AIS NO. W-71604 CELL: G-26
 VIOLATION OR REASON: _____ ADMITTANCE AUTH. BY: _____
 DATE & TIME RECEIVED _____ DATE & TIME RELEASED _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1 8-3	MORN	-	-	-						JT
	DAY									
	EVE									
2 8/5	MORN	✓								JB
	DAY									
	EVE									
3 8/6	MORN	✓								DL CW CW
	DAY	✓								
	EVE	✓								
4 8/15	MORN	Y								JK
	DAY	Y								
	EVE									
5 8/8	MORN	✓								CS CS CS
	DAY	✓								
	EVE	✓								
6	MORN									
	DAY									
	EVE									
7	MORN									
	DAY									
	EVE									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman

20 | 5

~~SEGREGATION UNIT RECORD SHEET~~

INMATE NAME: Myles Cooper

AJS NO: W2624 CELL: G-26
ADMITTANCE:

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ADMISSIONS

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AUTHORIZED BY:

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PRINTED BY
PATE & TICE.

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PERTINENT REFERENCE

RECORDED:

INFORMATION:

DATE	SHIFT	MEALS	B-I-D	S.	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS	OIC SIGNATURE
7/15	MORN	/	.	.	.	.	.	.	.	M.P.
	DAY									
	EVE									
7/16	MORN	/	.	.	.	.	.	.	.	JK
	DAY	/	✓							JK
	EVE	/	✓							JK
7/17	MORN	/	.	.	.	.	.	.	.	LJ
	DAY	/	✓							LJ
	EVE	/	✓							LJ
7/18	MORN	/	.	.	.	.	.	.	.	JK
	DAY	/	✓							JK
	EVE	/	✓							JK
7/19	MORN	/	.	.	.	.	.	.	.	LJ
	DAY	/	✓							LJ
	EVE	/	✓							LJ
7/20	MORN	/	.	.	.	.	.	.	.	JK
	DAY	/	✓							JK
	EVE	/	✓							JK
7/21	MORN	/	.	.	.	.	.	.	.	JK
	DAY	/	✓							JK
	EVE	/	✓							JK
7/22	MORN	/	.	.	.	.	.	.	.	JK
	DAY	/	✓							JK
	EVE	/	✓							JK
7/23	MORN	/	.	.	.	.	.	.	.	JK
	DAY	/	✓							JK
	EVE	/	✓							JK
7/24	MORN	/	.	.	.	.	.	.	.	JK
	DAY	/	✓							JK
	EVE	/	✓							JK
7/25	MORN	/	.	.	.	.	.	.	.	JK
	DAY	/	✓							JK
	EVE	/	✓							JK
7/26	MORN	/	.	.	.	.	.	.	.	JK
	DAY	/	✓							JK
	EVE	/	✓							JK
7/27	MORN	/	.	.	.	.	.	.	.	JK
	DAY	/	✓							JK
	EVE	/	✓							JK
7/28	MORN	/	.	.	.	.	.	.	.	JK
	DAY	/	✓							JK
	EVE	/	✓							JK
7/29	MORN	/	.	.	.	.	.	.	.	JK
	DAY	/	✓							JK
	EVE	/	✓							JK
7/30	MORN	/	.	.	.	.	.	.	.	JK
	DAY	/	✓							JK
	EVE	/	✓							JK
7/31	MORN	/	.	.	.	.	.	.	.	JK
	DAY	/	✓							JK
	EVE	/	✓							JK

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Exercise: Enter Actual-Time Period and Inside or Outside (I.e.,

Medical Physics SIGB

~~Psych~~ Psych 101 Course I am taking each time the instructor estimates is seen.

Can you reverse the information? Use reverse-sessions.

and include date, signature, and title.
D/C signature - D/C must sign all records she is responsible for.

Employee must sign all record sheets each shift.

W.C. Holman CF
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Coron AIS NO. W-Z1024 CELL: G-2b

VIOLATION OR REASON: _____ ADMITTANCE AUTH. BY: _____

DATE & TIME RECEIVED _____ DATE & TIME RELEASED _____

PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1 <i>7/19</i>	MORN	✓			N					ED
	DAY									
	EVE		✓							ED
<i>27/7/20</i>	MORN	✓								JK
	DAY	✓								
	EVE									
<i>3/7/21</i>	MORN	✓								ES
	DAY	✓								ES
	EVE		✓	R						
<i>7/22</i>	MORN									
	DAY	✓								
	EVE		✓							DW
<i>7/23/21</i>	MORN	✓								JK
	DAY	✓								DW
	EVE		✓							
<i>7/24/21</i>	MORN	✓								JK
	DAY									
	EVE									
<i>7/25/21</i>	MORN	✓								JK
	DAY									
	EVE									

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman

2015

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Cope

AIS NO: W2624

CELL: G-26

VIOLATION
OR REASON:

ADMITTANCE:

DATE & TIME
RECEIVED:

AUTHORIZED BY:

PERTINENT
INFORMATION:DATE & TIME
RELEASED:

DATE	SHIFT	MEALS	B/D/S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS	OIC SIGNATURE
7-13-15	MORN	Y							BT
	DAY								mm
	EVE								nn
7-14	MORN	Y							AB
	DAY								
	EVE				R				BS
7-15	MORN	Y							JK
	DAY								PS
	EVE								
7-17	MORN	Y							
	DAY								
	EVE								
7-18	MORN	Y							
	DAY								
	EVE								
7-19	MORN	Y							
	DAY								
	EVE								
7-20	MORN	Y							
	DAY								
	EVE								

Pertinent Info.: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.
Med. Condition: Any Medical Condition (i.e.,Exercise: Enter Physical Time Period and Inside or Outside (i.e.,
e.g., 10 AM - 2 PM, 2:30-6:00 PM)

Medical: Physician's Visit Date: _____ - inmates is seen.

Psych: Psychologist's Visit Date: _____ - each time the inmate is seen.

Counselor: _____ - date of last visit - use reverse side of record sheet

OIC Signature: OIC must sign all record sheets each shift.

W.C. Holman CF
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-Z104 CELL: G-20
 VIOLATION OR REASON: _____ ADMITTANCE AUTH. BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S					
7-5	MORN	/							
	DAY								
	EVE	/	/						
7-6	MORN	/							RS
	DAY								
	EVE								
7-7	MORN								
	DAY	/	/	R				RS	
	EVE								
7-8	MORN								
	DAY	/	/	N					RS
	EVE	/	/						
7-9	MORN	U							
	DAY	V						DD	
	EVE	J						CC	
7-10	MORN								
	DAY	/							
	EVE	/							
7-11	MORN	L						CR	
	DAY								
	EVE								

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman

(INSTITUTION)

2015

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Cope

AJS NO: W2624 CELL: G-26

VIOLATION
OR REASON:

ADMITTANCE:

DATE & TIME
RECEIVED:

AUTHORIZED BY:

PERTINENT
INFORMATION:

DATE & TIME

RELEASED:

DATE	SHIFT	MEALS	BIDS	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS	OIC SIGNATURE
28	MORN								CB
	DAY								
	EVE								
6/29	MORN								
	DAY								
	EVE								
7/15	MORN								TR
	DAY								
	EVE								
7/15	MORN								JK
	DAY								
	EVE								
7/31/15	MORN								82
	DAY								
	EVE								
7/4	MORN								ZJ
	DAY								
	EVE								

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.
Med: Physician will sign each time the inmate is seen.Exercise: Enter Total Time Period and Inside or Outside (i.e.,
8:00 A.M. IN; 2:00 P.M. OUT)

Medical: Physician will sign each time the inmate is seen.

Psych: Psychologist/Counselor will sign each time the inmate is seen.

Comments: Enter any pertinent information. Use reverse side for add'l info.

OIC Signature: OIC must sign all record sheets each shift.

HOLMAN CORRECTIONAL

2015

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Corey AIS NO. W/7-624 CELL: G-26
 VIOLATION OR REASON: _____ ADMITTANCE AUTH. BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S					
11/30	MORN	/			N				
	DAY	/							
	EVE	/		/					KB
12/1	MORN	/							
	DAY	/							BB
	EVE	/		/	K				F
12/15	MORN	/							
	DAY	/							OK
	EVE								
12/16	MORN								
	DAY	/							
	EVE	/		/					TL
5	MORN								
	DAY								
	EVE								
6	MORN								
	DAY								
	EVE								
7	MORN								
	DAY								
	EVE								

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive
 Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman CF
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Conroy AIS NO. W-71624 CELL: G-26
 VIOLATION OR REASON: _____ ADMITTANCE AUTH. BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S					
1 11/24	MORN	/							QJ
	DAY								
	EVE								
2 11/25	MORN	/							HD
	DAY								
	EVE								
3 11/26	MORN	/							
	DAY								
	EVE								
4 11/26	MORN	/							ZB
	DAY								
	EVE								
5	MORN								
	DAY								
	EVE								
6	MORN								
	DAY								
	EVE								
7	MORN								
	DAY								
	EVE								

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/Sh: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

HOLMAN CORRECTIONAL

2015

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Corey AIS NO. W/Z-624 CELL: G-26
 VIOLATION OR REASON: _____ ADMITTANCE AUTH. BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S					
11/16	MORN	/							
	DAY	/							
	EVE	/							
11/17	MORN								
	DAY	/			R				FS
	EVE	/							
11/18	MORN								
	DAY								
	EVE								
11/19	MORN								
	DAY								
	EVE								
11/20	MORN								
	DAY								
	EVE								
11/21	MORN								
	DAY	/							FF
	EVE	/							
11/22	MORN								
	DAY								
	EVE								
11/23	MORN								
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11/24	MORN								
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11/25	MORN								
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12/29	MORN								
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	EVE								
12/30	MORN								
	DAY								
	EVE								
12/31	MORN								
	DAY								
	EVE								

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman CF
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-71604 CELL: G-210
 VIOLATION OR REASON: _____ ADMITTANCE AUTH. BY: _____
 DATE & TIME RECEIVED _____ DATE & TIME RELEASED _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S					
1	MORN				7				
	DAY								
	EVE								
2	MORN								
	DAY								
	EVE								
3	MORN								
	DAY								
	EVE								
4	MORN								
	DAY								
	EVE								
5	MORN								
	DAY								
	EVE				40				
6	MORN								
	DAY								
	EVE								
7	MORN								
	DAY								
	EVE								

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

HOLMAN CORRECTIONAL2015

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Corey

VIOLATION OR REASON:

AIS NO. WJZ-624CELL: G-26

DATE & TIME RECEIVED

ADMITTANCE AUTH. BY:

PERTINENT INFORMATION:

DATE & TIME RELEASED

DATE	SHIFT	MEALS			EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S					
1	MORN								
	DAY								
	EVE								
2	MORN								
	DAY								
	EVE								
3	MORN								
	DAY								
	EVE								
4	MORN								
	DAY								
	EVE								
5	MORN								
	DAY								
	EVE								
6	MORN								
	DAY								
	EVE								
7	MORN								
	DAY								
	EVE								

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman CF
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Coron AIS NO. W-71024 CELL: G-26
 VIOLATION OR REASON: _____ ADMITTANCE AUTH. BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S					
10/27	MORN	/							JA
	DAY	/	/						JS
	EVE		/						
10/28	MORN	/							HB
	DAY	/							BS
	EVE	/							
10/29	MORN	/							JK
	DAY	/	/						TS
	EVE		/						
10/30	MORN	/							WG
	DAY								
	EVE								
5	MORN								
	DAY								
	EVE								
6	MORN								
	DAY								
	EVE								
7	MORN								
	DAY								
	EVE								

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

HOLMAN CORRECTIONAL

2015

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Corey AIS NO. W1Z624 CELL: G-26
 VIOLATION OR REASON: _____ ADMITTANCE AUTH. BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S					
10/19	MORN	/							LH
	DAY		/						CS
	EVE		/	Y					CS
10/20	MORN	/							DL
	DAY		/						JH
	EVE			/					AB
10/21	MORN	/							SK
	DAY		/						
	EVE			/					
10/22	MORN	/							TL
	DAY								
	EVE								
10/23	MORN								TL
	DAY		/						
	EVE		/	Y					
10/24	MORN	/							OS
	DAY								
	EVE								
10/25	MORN	/							CS
	DAY								
	EVE								

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman CF
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Coron AIS NO. W-71004 CELL: G-20
 VIOLATION OR REASON: _____ ADMITTANCE AUTH. BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
10/12	MORN				/					
	DAY		/							
	EVE									
10/13	MORN									
	DAY									
	EVE									
10/14	MORN									
	DAY		/							
	EVE									
10/14	MORN									
	DAY		/							
	EVE		/							
10/15	MORN	/								
	DAY	/	/							
	EVE	/	/							
10/16	MORN	/								
	DAY	/								
	EVE	/								
10/17	MORN	/								
	DAY	/	/							
	EVE	/	/							

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman

(INSTITUTION)

2015

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Cory

VIOLATION
OR REASON:

DATE & TIME
RECEIVED:

PERTINENT
INFORMATION:

AJS NO: W2624 CELL: G-26

ADMITTANCE:

AUTHORIZED BY:

DATE & TIME:

RELEASED:

DATE	MEALS	B-DTS.	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS	CIO SIGNATURE
10/6	MORN							
	DAY	/	/	IR				
	EVE	/	/					
10/7	MORN							
	DAY							
	EVE							
10/8	MORN	✓						TR
	DAY							
	EVE							
10/9	MORN							DC
	DAY	✓						DC
	EVE			✓				
10/10	MORN							
	DAY	✓						
	EVE			✓				
	MORN							
	DAY							
	EVE							
	MORN							
	DAY							
	EVE							

Pertinent Info: (i.e., Epileptic; Diabetic; Suicidal; Assaulitive; etc.)

Exercise: Enter Total Time Period and Inside or Outside (i.e., 8:00 AM - 11:00 PM OUT)

Medical: Physician will sign _____ if the inmate is seen.

Psych: Psychiatrist will sign _____ if the inmate is seen each time the inmate is seen.

Maples - DOC

000542

W.C. Holman CF
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Coron AIS NO. W-7164 CELL: G-2b
 VIOLATION OR REASON: _____ ADMITTANCE AUTH. BY: _____
 DATE & TIME RECEIVED _____ DATE & TIME RELEASED _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S					
9/28	MORN	✓							TR
	DAY								
	EVE								
9/29	MORN								
	DAY	✓							AC
	EVE	✓							
9/30	MORN								BS
	DAY	/	/	/	/				
	EVE	/	/	/	/				
10/1	MORN	Y							JK
	DAY	Y							JW
	EVE	Y							
10/2	MORN	-							MS
	DAY	-							
	EVE	-							
10/3	MORN	-							LL
	DAY								
	EVE								
7	MORN								
	DAY								
	EVE								

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman CF
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Conroy AIS NO. W-71604 CELL: G-26
 VIOLATION OR REASON: _____ ADMITTANCE AUTH. BY: _____
 DATE & TIME RECEIVED _____ DATE & TIME RELEASED _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S					
1 7	MORN	✓							ca
	DAY		✓						fw
	EVE			✓					
2 8	MORN								
	DAY								
	EVE			✓					
3 9	MORN	✓							es
	DAY								
	EVE								
4 12-10	MORN	✓							
	DAY		✓						
	EVE			✓					
5 12-12	MORN	✓							ld
	DAY								
	EVE								
6	MORN								
	DAY								
	EVE								
7	MORN								
	DAY								
	EVE								

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

HOLMAN CORRECTIONAL

2015

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Corey AIS NO. W/7-624 CELL: G-26
 VIOLATION OR REASON: _____ ADMITTANCE AUTH. BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S					
12/14	MORN								
	DAY								
	EVE								DW
2	MORN								
	DAY								
	EVE								
3	MORN								
	DAY								
	EVE								
4	MORN								
	DAY								
	EVE								
5	MORN								
	DAY								
	EVE								
6	MORN								
	DAY								
	EVE								DW
7	MORN								
	DAY								
	EVE								

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive
 Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude * Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman CF
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-7164 CELL: G-26
 VIOLATION OR REASON: _____ ADMITTANCE AUTH. BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S					
1 12/20	MORN	✓							ED
	DAY								
	EVE		✓						ED
2 12/21	MORN								u
	DAY	u							u
	EVE	u	u						u
3 12/22	MORN								u
	DAY	u							u
	EVE	u	u						u
4 12/23	MORN								Cee
	DAY	u							u
	EVE	u	u						u
5 12/24	MORN								u
	DAY								u
	EVE								u
6 12/25	MORN	u							u
	DAY								u
	EVE		u						u
7 12/26	MORN								u
	DAY	u							u
	EVE	u	u						u

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

HOLMAN CORRECTIONAL

2015

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Corey AIS NO. W/7-624 CELL: G-26
 VIOLATION OR REASON: _____ ADMITTANCE AUTH BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S					
1 27	MORN	Y							(a)
	DAY	Y							
	EVE	Y							
2 28	MORN	Y							
	DAY	Y							(b)
	EVE	Y	Y						
3 29	MORN	Y							
	DAY	Y							(c)
	EVE	Y	Y						
4 12/30/05	MORN	Y							
	DAY	Y	Y						(d)
	EVE	Y	Y						
5 31	MORN								
	DAY	Y							
	EVE	Y	Y						
6 1	MORN	Y							
	DAY								(e)
	EVE		Y						
7 2	MORN								
	DAY	Y							
	EVE	Y	Y						

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive
 Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

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AR 434 - December 22, 2004

CBR716-3

ALABAMA DEPARTMENT OF CORRECTIONS
INMATE SUMMARY AS OF 09/15/2009INST: 999
CODE: CDRVK

AIS: 0000Z624 INMATE: MAPLES, COREY

RACE: W SEX: M

INST: 999 - HOLMAN DEATH ROW

DORM: SC JAIL CR: 00Y 00M 00D

DOB: 1974 SSN: -5716

ALIAS: MAPLES, COREY ROSS

ADM DT: 11/21/1997 DEAD TIME: 000Y 00M 00D

ADM TYP: DEATH ROW STAT: INCARCERATED

CURRENT CUST: Z2 -G CURRENT CUST DT: 03/10/2004 PAROLE REVIEW DATE: - NONE -

SECURITY LEVEL: NO CLASSIFICATION RECORD FOUND

SERVING UNDER ACT446 LAW IN ELIGIBLE CURRENT CLASS DATE: 11/21/1997
INMATE IS EARNING : OR GROUP ACTIVITY

COUNTY	SENT DT	CASE NO	CRIME	JL-CR	TERM
MORGAN	11/21/97	N95000842	MURDER	00000	000Y 00M 00D CS
			2 CTS; CAPITAL		

TOTAL TERM	MIN REL DT	GOOD TIME BAL	GOOD TIME REV	LONG DATE
000Y 00M 00D	00/00/0000	000Y 00M 00D	000Y 00M 00D	00/00/0000

INMATE LITERAL:

DETAINER WARRANTS SUMMARY

INMATE CURRENTLY HAS NO DETAINER WARRANT RECORDS

ESCAPEE-PAROLE SUMMARY

INMATE CURRENTLY HAS NO PAROLE RECORDS

INMATE CURRENTLY HAS NO PROBATION 754 RECORDS

INMATE HAS NO ESCAPES FROM ALABAMA D.O.C.

SINCE O.B.S.C.I.S. RECORDING BEGAN IN 1978

DISCIPLINARY/CITATION SUMMARY

>> DISCIPLINE: 09/09/2009 TIME LOST: 00Y00M00D CUST FROM Z2 G TO Z2 G
 DISCIPLINE TYPE: MAJOR AT INST: 003 RULE NUMBER: 64
 RETAINED DAYS: 0000 SEQ #: 05 RULE LIT: POSSESSION OF CONTRABAND

>> DISCIPLINE: 02/05/2008 TIME LOST: 00Y00M00D CUST FROM Z2 G TO Z2 G
 DISCIPLINE TYPE: MAJOR AT INST: 003 RULE NUMBER: 90
 RETAINED DAYS: 0000 SEQ #: 04 RULE LIT: UNDER INFLUENCE OF ALCOHOL OR NAR

CONTINUED ON NEXT PAGE

Maples - DOC

000548

CBR718-3

ALABAMA DEPARTMENT OF CORRECTIONS
INMATE SUMMARY AS OF 09/15/2009

INST: 999
CODE: CORVK

***** CONTINUATION *****

AIS: J000Z624 INMATE: MAPLES, COREY

RACE: W SEX: M

DISCIPLINARY/CITATION SUMMARY

>> DISCIPLINE: 08/30/2007 TIME LOST: 00Y00H00D CUST FROM Z2 G TO Z2 G
DISCIPLINE TYPE: MAJOR AT INST: 999 RULE NUMBER: 90
RETAINED DAYS: 0000 SEQ #: 03 RULE LIT: UNDER INFLUENCE OF ALCOHOL OR NAR

>> DISCIPLINE: 10/03/2005 TIME LOST: 00Y00H00D CUST FROM Z2 G TO Z2 G
DISCIPLINE TYPE: MAJOR AT INST: 003 RULE NUMBER: 35
RETAINED DAYS: 0000 SEQ #: 02 RULE LIT: FIGHTING WITHOUT A WEAPON

>> CITATION: 05/01/2000 CUST FROM DTW9 TO DTW9
CITATION TYPE: BEHAVIOR CITATION AT INST: 003 RULE NUMBER: 90
RETAINED DAYS: 0000 SEQ #: 01 RULE LIT: UNDER INFLUENCE OF ALCOHOL OR NAR

CBR716-3

ALABAMA DEPARTMENT OF CORRECTIONS
INMATE SUMMARY AS OF 11/09/2010INST: 999
CODE: CDRVK

AIS: 0000Z624 INMATE: MAPLES, COREY

RACE: W SEX: M

INST: 999 - HOLMAN DEATH ROW

DORM: SC JAIL CR: 00Y 00M 00D

DOB: 1974 SSN: 5716

ALIAS: MAPLES, COREY ROSS

ADM DT: 11/21/1997 DEAD TIME: 000Y 00M 00D

ADM TYP: DEATH ROW STAT: INCARCERATED

CURRENT CUST: DEA-T CURRENT CUST DT: 12/07/2009 PAROLE REVIEW DATE: - NONE -

SECURITY LEVEL: (7) SEVEN

SERVING UNDER ACT446 LAW IN ROW CURRENT CLASS DATE: 11/21/1997
INMATE IS EARNING :

COUNTY	SENT DT	CASE NO	CRIME	JL-CR	TERM
MORGAN	11/21/97	N95000842	MURDER	0000D	000Y 00M 00D CS
			2 CTS; CAPITAL		
TOTAL TERM	MIN REL DT	GOOD TIME BAL	GOOD TIME REV	LONG DATE	
000Y 00M 00D	00/00/0000	000Y 00M 00D	000Y 00M 00D	00/00/0000	

INMATE LITERAL:

DETAINDER WARRANTS SUMMARY

INMATE CURRENTLY HAS NO DETAINER WARRANT RECORDS

ESCAPEE-PAROLE SUMMARY

INMATE CURRENTLY HAS NO PAROLE RECORDS

INMATE CURRENTLY HAS NO PROBATION 754 RECORDS

INMATE HAS NO ESCAPES FROM ALABAMA D.O.C.
SINCE O.B.S.C.I.S. RECORDING BEGAN IN 1978

DISCIPLINARY/CITATION SUMMARY

>> CITATION: 10/29/2010 CUST FROM 0999 TO 0999
 CITATION TYPE: BEHAVIOR CITATION AT INST: 003 RULE NUMBER: 85
 RETAINED DAYS: 0000 SEQ #: 06 RULE LIT: VIOLATION OF INSTIT. RULES OR REG

>> DISCIPLINE: 09/09/2009 TIME LOST: 00Y00M00D CUST FROM Z2 G TO Z2 G
 DISCIPLINE TYPE: MAJOR AT INST: 003 RULE NUMBER: 64
 RETAINED DAYS: 0000 SEQ #: 05 RULE LIT: POSSESSION OF CONTRABAND

CBR716-3

ALABAMA DEPARTMENT OF CORRECTIONS
INMATE SUMMARY AS OF 11/09/2010

INST: 999
CODE: CDRVK

***** CONTINUATION *****

AIS: 0000Z624 INMATE: MAPLES, COREY RACE: M SEX: M

DISCIPLINARY/CITATION SUMMARY

>> DISCIPLINE: 02/05/2008 TIME LOST: 00Y00M00D CUST FROM Z2 G TO Z2 G
DISCIPLINE TYPE: MAJOR AT INST: 003 RULE NUMBER: 90
RETAINED DAYS: 0000 SEQ #: 04 RULE LIT: UNDER INFLUENCE OF ALCOHOL OR NAR

>> DISCIPLINE: 08/30/2007 TIME LOST: 00Y00M00D CUST FROM Z2 G TO Z2 G
DISCIPLINE TYPE: MAJOR AT INST: 999 RULE NUMBER: 90
RETAINED DAYS: 0000 SEQ #: 03 RULE LIT: UNDER INFLUENCE OF ALCOHOL OR NAR

>> DISCIPLINE: 10/03/2005 TIME LOST: 00Y00M00D CUST FROM Z2 G TO Z2 G
DISCIPLINE TYPE: MAJOR AT INST: 003 RULE NUMBER: 35
RETAINED DAYS: 0000 SEQ #: 02 RULE LIT: FIGHTING WITHOUT A WEAPON

>> CITATION: 05/01/2000 CUST FROM OTW9 TO OTW9
CITATION TYPE: BEHAVIOR CITATION AT INST: 003 RULE NUMBER: 90
RETAINED DAYS: 0000 SEQ #: 01 RULE LIT: UNDER INFLUENCE OF ALCOHOL OR NAR

CBR716-3

ALABAMA DEPARTMENT OF CORRECTIONS
INMATE SUMMARY AS OF 09/13/2011INST: 999
CODE: CDRVK

AIS: 0000Z524 INMATE: MAPLES, COREY

RACE: W SEX: M

INST: 999 - HOLMAN DEATH ROW

DORM: SC JAIL CR: 00Y 00M 00D

DOB: '1974 SSN: 5716

ALIAS: MAPLES, COREY ROSS

ADM DT: 11/21/1997 DEAD TIME: 000Y 00M 00D

ADM TYP: DEATH ROW

STAT: INCARCERATED

CURRENT CUST: DEA-T CURRENT CUST DT: 12/07/2009 PAROLE REVIEW DATE: - NUNE -

SECURITY LEVEL: (7) SEVEN

SERVING UNDER ACT446 LAW IN ROW
INMATE IS EARNING :

CURRENT CLASS DATE: 11/21/1997

COUNTY	SENT DT	CASE NO	CRIME	JL-CR	TERM
MORGAN	11/21/97	N95000842	MURDER 2 CTS: CAPITAL	00000	000Y 00M 00D CS
TOTAL TERM	MIN REL DT	GOOD TIME BAL	GOOD TIME REV	LONG DATE	
000Y 00M 00D	00/00/0000	000Y 00M 00D	000Y 00M 00D	00/00/0000	

INMATE LITERALS:

DETAINER WARRANTS SUMMARY

INMATE CURRENTLY HAS NO DETAINER WARRANT RECORDS

ESCAPEE-PAROLE SUMMARY

INMATE CURRENTLY HAS NO PAROLE RECORDS

INMATE CURRENTLY HAS NO PROBATION 754 RECORDS

INMATE HAS NO ESCAPES FROM ALABAMA D.O.C.
SINCE 0.B.S.C.I.S. RECORDING BEGAN IN 1978

DISCIPLINARY/CITATION SUMMARY

>> DISCIPLINE: 09/06/2011 TIME LOST: 00Y00M00D CUST FROM 0999 TO 0999
DISCIPLINE TYPE: MAJOR AT INST: 999 RULE NUMBER: 64
RETAINED DAYS: 0000 SEQ #: 07 RULE LIT: POSSESSION OF CONTRABAND>> CITATION: 10/29/2010 CUST FROM 0999 TO 0999
CITATION TYPE: BEHAVIOR CITATION AT INST: 003 RULE NUMBER: 85
RETAINED DAYS: 0000 SEQ #: 06 RULE LIT: VIOLATION OF INSTITUTION RULES OR REG

CBR716-3

ALABAMA DEPARTMENT OF CORRECTIONS
INMATE SUMMARY AS OF 09/13/2011

INST: 999
CODE: CDRVK

CONTINUATION

ATIS: 0000Z524 INMATE: MAPLES, COREY

RACE: W SEX: M

DISCIPLINARY/CITATION SUMMARY

>> DISCIPLINE: 09/09/2009 TIME LOST: 00Y00M00D CUST FROM Z2 G TO Z2 G
DISCIPLINE TYPE: MAJOR AT INST: 003 RULE NUMBER: 54
RETAINED DAYS: 0000 SEQ #: 05 RULE LIT: POSSESSION OF CONTRABAND

>> DISCIPLINE: 02/05/2008 TIME LOST: 00Y00M00D CUST FROM Z2 G TO Z2 G
DISCIPLINE TYPE: MAJOR AT INST: 003 RULE NUMBER: 90
RETAINED DAYS: 0000 SEQ #: 04 RULE LIT: UNDER INFLUENCE OF ALCOHOL OR NAR

>> DISCIPLINE: 08/30/2007 TIME LOST: 00Y00M00D CUST FRUM Z2 G TO Z2 G
DISCIPLINE TYPE: MAJOR AT INST: 999 RULE NUMBER: 90
RETAINED DAYS: 0000 SEQ #: 03 RULE LIT: UNDER INFLUENCE OF ALCOHOL OR NAR

>> DISCIPLINE: 10/03/2005 TIME LOST: 00Y00M00D CUST FROM Z2 G TO Z2 G
DISCIPLINE TYPE: MAJOR AT INST: 003 RULE NUMBER: 35
RETAINED DAYS: 0000 SEQ #: 02 RULE LIT: FIGHTING WITHOUT A WEAPUN

>> CITATION: 05/01/2000 CUST FROM OTW9 TO OTW9
CITATION TYPE: BEHAVIOR CITATION AT INST: 003 RULE NUMBER: 90
RETAINED DAYS: 0000 SEQ #: 01 RULE LIT: UNDER INFLUENCE OF ALCOHOL OR NAR

CBR716-3

ALABAMA DEPARTMENT OF CORRECTIONS
INMATE SUMMARY AS OF 11/17/2011INST: 999
CODE: CDRVK*****
AIS: 0000Z624 INMATE: MAPLES, COREY RACE: W SEX: M

INST: 999 - HOLMAN DEATH ROW DORM: SC JAIL CR: 00Y 00M 00D

DOB: 1974 SSN: 5716

ALIAS: MAPLES, COREY ROSS

ADM DT: 11/21/1997 DEAD TIME: 000Y 00M 00D

ADM TYP: DEATH ROW STAT: INCARCERATED

CURRENT CUST: DEA-T CURRENT CUST DT: 12/07/2009 PAROLE REVIEW DATE: - NONE -

SECURITY LEVEL: (7) SEVEN

SERVING UNDER ACT446 LAW IN ROW CURRENT CLASS DATE: 11/21/1997
INMATE IS EARNING :

COUNTY	SENT DT	CASE NO	CRIME	JL-CR	TERM
MORGAN	11/21/97	N95000842	MURDER	0000D	000Y 00M 00D CS
			2 CTS: CAPITAL		

TOTAL TERM	MIN REL DT	GOOD TIME BAL	GOOD TIME REV	LONG DATE
000Y 00M 00D	00/00/0000	000Y 00M 00D	000Y 00M 00D	00/00/0000

INMATE LITERAL:

DETAINER WARRANTS SUMMARY

INMATE CURRENTLY HAS NO DETAINER WARRANT RECORDS

ESCAPEE-PAROLE SUMMARY

INMATE CURRENTLY HAS NO PAROLE RECORDS

INMATE CURRENTLY HAS NO PROBATION 754 RECORDS

INMATE HAS NO ESCAPES FROM ALABAMA D.O.C.
SINCE O.B.S.C.I.S. RECORDING BEGAN IN 1978

DISCIPLINARY/CITATION SUMMARY

>> DISCIPLINE: 11/01/2011 TIME LOST: 00Y00M00D CUST FROM 0999 TO 0999
DISCIPLINE TYPE: MAJOR AT INST: 003 RULE NUMBER: 64
RETAINED DAYS: 0000 SEQ #: 08 RULE LIT: POSSESSION OF CONTRABAND>> DISCIPLINE: 09/06/2011 TIME LOST: 00Y00M00D CUST FROM 0999 TO 0999
DISCIPLINE TYPE: MAJOR AT INST: 999 RULE NUMBER: 64
RETAINED DAYS: 0000 SEQ #: 07 RULE LIT: POSSESSION OF CONTRABAND

CBR716-3

ALABAMA DEPARTMENT OF CORRECTIONS
INMATE SUMMARY AS OF 11/17/2011

INST: 999
CODE: CDRVK

***** CONTINUATION *****

AIS: 0000Z624 INMATE: MAPLES, COREY RACE: W SEX: M

DISCIPLINARY/CITATION SUMMARY

>> CITATION: 10/29/2010 CUST FROM 0999 TO 0999
CITATION TYPE: BEHAVIOR CITATION AT INST: 003 RULE NUMBER: 85
RETAINED DAYS: 0000 SEQ #: 06 RULE LIT: VIOLATION OF INSTIT. RULES OR REG

>> DISCIPLINE: 09/09/2009 TIME LOST: 00Y00M00D CUST FROM Z2 G TO Z2 G
DISCIPLINE TYPE: MAJOR AT INST: 003 RULE NUMBER: 64
RETAINED DAYS: 0000 SEQ #: 05 RULE LIT: POSSESSION OF CONTRABAND

>> DISCIPLINE: 02/05/2008 TIME LOST: 00Y00M00D CUST FROM Z2 G TO Z2 G
DISCIPLINE TYPE: MAJOR AT INST: 003 RULE NUMBER: 90
RETAINED DAYS: 0000 SEQ #: 04 RULE LIT: UNDER INFLUENCE OF ALCOHOL OR NAR

>> DISCIPLINE: 08/30/2007 TIME LOST: 00Y00M00D CUST FROM Z2 G TO Z2 G
DISCIPLINE TYPE: MAJOR AT INST: 999 RULE NUMBER: 90
RETAINED DAYS: 0000 SEQ #: 03 RULE LIT: UNDER INFLUENCE OF ALCOHOL OR NAR

>> DISCIPLINE: 10/03/2005 TIME LOST: 00Y00M00D CUST FROM Z2 G TO Z2 G
DISCIPLINE TYPE: MAJOR AT INST: 003 RULE NUMBER: 35
RETAINED DAYS: 0000 SEQ #: 02 RULE LIT: FIGHTING WITHOUT A WEAPON

>> CITATION: 05/01/2000 CUST FROM OTW9 TO OTW9
CITATION TYPE: BEHAVIOR CITATION AT INST: 003 RULE NUMBER: 90
RETAINED DAYS: 0000 SEQ #: 01 RULE LIT: UNDER INFLUENCE OF ALCOHOL OR NAR

**STATE OF ALABAMA
DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES**

REVIEW OF SEGREGATION INMATES

Date Review Completed: 01-11-19 Date Placed in Segregation: 11-21-97

30 DAY REVIEW 90 DAY REVIEW M.H. Code: 0

ADOC Psychologist/Psychological Associate Conducting Review:

MENTAL STATUS EXAMINATION: Institution: Holman *jms*

<u>Affect:</u> <input type="checkbox"/> Anxious/nervous <input type="checkbox"/> Flat <input checked="" type="checkbox"/> Appropriate	<u>Appearance:</u> <input type="checkbox"/> Unkempt <input type="checkbox"/> Disorganized <input checked="" type="checkbox"/> Appropriate
<u>Concentration:</u> <input checked="" type="checkbox"/> Focused <input type="checkbox"/> Distracted	<u>Intellectual Functioning:</u> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Borderline <input type="checkbox"/> Retarded
<u>Mood:</u> <input type="checkbox"/> Depressed <input type="checkbox"/> Elevated <input checked="" type="checkbox"/> Euthymic <input type="checkbox"/> Irritable <input type="checkbox"/> Manic	<u>Speech & Thoughts:</u> <input type="checkbox"/> Normal <input type="checkbox"/> Pressured <input type="checkbox"/> Slurred <input type="checkbox"/> Stuttering <input type="checkbox"/> Incoherent <input type="checkbox"/> Tangential <input type="checkbox"/> Poverty of speech <input type="checkbox"/> Flight of Ideas
<u>Orientation:</u> <input type="checkbox"/> Disoriented <input checked="" type="checkbox"/> Oriented to time, place and person	<u>Memory:</u> Short-term <input type="checkbox"/> Good <input type="checkbox"/> Poor Long-term <input type="checkbox"/> Good <input type="checkbox"/> Poor

BEHAVIORAL OBSERVATIONS:

<input type="checkbox"/> Aggressive	<input type="checkbox"/> Irrational	<input type="checkbox"/> Passive	<input type="checkbox"/> Paranoia
<input type="checkbox"/> Agitated	<input type="checkbox"/> Suicidal ideation	<input type="checkbox"/> Rational	<input type="checkbox"/> Hyperactivity
<input type="checkbox"/> Delusional	<input type="checkbox"/> Lethargic	<input type="checkbox"/> Crying	<input type="checkbox"/> Hallucinating
<input type="checkbox"/> Eye Contact	<input type="checkbox"/> Loose Associations	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Manipulative
<input type="checkbox"/> Fearful	<input type="checkbox"/> Calm	<input type="checkbox"/> Other:	

COMMENTS:

Stable

RECOMMENDATIONS:

- SEGREGATION PLACEMENT NOT IMPACTING INMATE'S MENTAL HEALTH
- SEGREGATION PLACEMENT IMPACTING INMATE'S MENTAL HEALTH
- REFERRED FOR PSYCHIATRIC EVALUATION
- Other: _____

Inmate Name: <u>Maples, Conley</u>	AIS # <u>Z 624</u>
------------------------------------	--------------------

Disposition: Inmate Medical Record, Institutional Inmate File, Reference:
Central Records File

ADOC AR: 623, 625, 635
ADOC Form MH-039 - November 14, 2005

STATE OF ALABAMA
DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES

REVIEW OF SEGREGATION INMATES

Date Review Completed: 4-11-19 Date Placed in Segregation: 11-21-97

30 DAY REVIEW 90 DAY REVIEW

M.H. Code: O

ADOC Psychologist/Psychological Associate Conducting Review:

MENTAL STATUS EXAMINATION:

Institution: Holman *ms*

<u>Affect:</u> <input type="checkbox"/> Anxious/nervous <input type="checkbox"/> Flat <input checked="" type="checkbox"/> Appropriate	<u>Appearance:</u> <input type="checkbox"/> Unkempt <input type="checkbox"/> Disorganized <input checked="" type="checkbox"/> Appropriate
<u>Concentration:</u> <input checked="" type="checkbox"/> Focused <input type="checkbox"/> Distracted	<u>Intellectual Functioning:</u> <input type="checkbox"/> Normal <input type="checkbox"/> Borderline <input type="checkbox"/> Retarded
<u>Mood:</u> <input type="checkbox"/> Depressed <input type="checkbox"/> Elevated <input checked="" type="checkbox"/> Euthymic <input type="checkbox"/> Irritable <input type="checkbox"/> Manic	<u>Speech & Thoughts:</u> <input type="checkbox"/> Normal <input type="checkbox"/> Pressured <input type="checkbox"/> Slurred <input type="checkbox"/> Stuttering <input type="checkbox"/> Incoherent <input type="checkbox"/> Tangential <input type="checkbox"/> Poverty of speech <input type="checkbox"/> Flight of Ideas
<u>Orientation:</u> <input type="checkbox"/> Disoriented <input checked="" type="checkbox"/> Oriented to time, place and person	<u>Memory:</u> Short-term <input type="checkbox"/> Good <input checked="" type="checkbox"/> Poor Long-term <input type="checkbox"/> Good <input type="checkbox"/> Poor

BEHAVIORAL OBSERVATIONS:

<input type="checkbox"/> Aggressive	<input type="checkbox"/> Irrational	<input type="checkbox"/> Passive	<input type="checkbox"/> Paranoia
<input type="checkbox"/> Agitated	<input type="checkbox"/> Suicidal ideation	<input checked="" type="checkbox"/> Rational	<input type="checkbox"/> Hyperactivity
<input type="checkbox"/> Delusional	<input type="checkbox"/> Lethargic	<input type="checkbox"/> Crying	<input type="checkbox"/> Hallucinating
<input checked="" type="checkbox"/> Eye Contact	<input type="checkbox"/> Loose Associations	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Manipulative
<input type="checkbox"/> Fearful	<input checked="" type="checkbox"/> Calm	<input type="checkbox"/> Other:	

COMMENTS:

Stable

RECOMMENDATIONS:

- SEGREGATION PLACEMENT NOT IMPACTING INMATE'S MENTAL HEALTH
- SEGREGATION PLACEMENT IMPACTING INMATE'S MENTAL HEALTH
- REFERRED FOR PSYCHIATRIC EVALUATION
- Other: _____

Inmate Name: Maples, Corey

AIS # 2624

Disposition: Inmate Medical Record, Institutional Inmate File, Reference:
Central Records File

ADOC AR: 623, 625, 635
ADOC Form MH-039 - November 14, 2005

STATE OF ALABAMA
DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES

REVIEW OF SEGREGATION INMATES

Date Review Completed: 7-11-19 Date Placed in Segregation: 11-21-97
 30 DAY REVIEW 90 DAY REVIEW M.H. Code: D

ADOC Psychologist/Psychological Associate Conducting Review: lms

MENTAL STATUS EXAMINATION: Institution: *H2man*

<u>Affect:</u> <input type="checkbox"/> Anxious/nervous <input type="checkbox"/> Flat <input checked="" type="checkbox"/> Appropriate	<u>Appearance:</u> <input type="checkbox"/> Unkempt <input type="checkbox"/> Disorganized <input checked="" type="checkbox"/> Appropriate
<u>Concentration:</u> <input checked="" type="checkbox"/> Focused <input type="checkbox"/> Distracted	<u>Intellectual Functioning:</u> <input type="checkbox"/> Normal <input type="checkbox"/> Borderline <input type="checkbox"/> Retarded
<u>Mood:</u> <input type="checkbox"/> Depressed <input type="checkbox"/> Elevated <input checked="" type="checkbox"/> Euthymic <input type="checkbox"/> Irritable <input type="checkbox"/> Manic	<u>Speech & Thoughts:</u> <input type="checkbox"/> Normal <input type="checkbox"/> Pressured <input type="checkbox"/> Slurred <input type="checkbox"/> Stuttering <input type="checkbox"/> Incoherent <input type="checkbox"/> Tangential <input type="checkbox"/> Poverty of speech <input type="checkbox"/> Flight of Ideas
<u>Orientation:</u> <input type="checkbox"/> Disoriented <input checked="" type="checkbox"/> Oriented to time, place and person	<u>Memory:</u> Short-term <input checked="" type="checkbox"/> Good <input type="checkbox"/> Poor Long-term <input checked="" type="checkbox"/> Good <input type="checkbox"/> Poor

BEHAVIORAL OBSERVATIONS:

<input type="checkbox"/> Aggressive	<input type="checkbox"/> Irrational	<input type="checkbox"/> Passive	<input type="checkbox"/> Paranoia
<input type="checkbox"/> Agitated	<input type="checkbox"/> Suicidal ideation	<input checked="" type="checkbox"/> Rational	<input type="checkbox"/> Hyperactivity
<input type="checkbox"/> Delusional	<input type="checkbox"/> Lethargic	<input type="checkbox"/> Crying	<input type="checkbox"/> Hallucinating
<input type="checkbox"/> Eye Contact	<input type="checkbox"/> Loose Associations	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Manipulative
<input type="checkbox"/> Fearful	<input checked="" type="checkbox"/> Calm	<input type="checkbox"/> Other:	

COMMENTS:

Stable

RECOMMENDATIONS:

SEGREGATION PLACEMENT NOT IMPACTING INMATE'S MENTAL HEALTH
 SEGREGATION PLACEMENT IMPACTING INMATE'S MENTAL HEALTH
 REFERRED FOR PSYCHIATRIC EVALUATION
 Other: *DR*

Inmate Name: Monroe, Conner AIS # 7-634

Disposition: Inmate Medical Record, Institutional Inmate File, Reference:
Central Records File

ADOC AR: 623, 625, 635
ADOC Form MH-039 - November 14, 2005

STATE OF ALABAMA
DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES

REVIEW OF SEGREGATION INMATES

Date Review Completed: 10-12-18 Date Placed in Segregation: 11-21-97
 30 DAY REVIEW 90 DAY REVIEW MH Code: O

ADOC Psychologist/Psychological Associate Conducting Review: ms

MENTAL STATUS EXAMINATION: Institution: Holman

<u>Affect:</u> <input type="checkbox"/> Anxious/nervous <input type="checkbox"/> Flat <input checked="" type="checkbox"/> Appropriate	<u>Appearance:</u> <input type="checkbox"/> Unkempt <input type="checkbox"/> Disorganized <input checked="" type="checkbox"/> Appropriate
<u>Concentration:</u> <input checked="" type="checkbox"/> Focused <input type="checkbox"/> Distracted	<u>Intellectual Functioning:</u> <input type="checkbox"/> Normal <input type="checkbox"/> Borderline <input type="checkbox"/> Retarded
<u>Mood:</u> <input type="checkbox"/> Depressed <input type="checkbox"/> Elevated <input checked="" type="checkbox"/> Euthymic <input type="checkbox"/> Irritable <input type="checkbox"/> Manic	<u>Speech & Thoughts:</u> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Pressured <input type="checkbox"/> Slurred <input type="checkbox"/> Stuttering <input type="checkbox"/> Incoherent <input type="checkbox"/> Tangential <input type="checkbox"/> Poverty of speech <input type="checkbox"/> Flight of Ideas
<u>Orientation:</u> <input type="checkbox"/> Disoriented <input checked="" type="checkbox"/> Oriented to time, place and person	<u>Memory:</u> Short-term <input type="checkbox"/> Good <input type="checkbox"/> Poor Long-term <input checked="" type="checkbox"/> Good <input type="checkbox"/> Poor

BEHAVIORAL OBSERVATIONS:

<input type="checkbox"/> Aggressive	<input type="checkbox"/> Irrational	<input type="checkbox"/> Passive	<input type="checkbox"/> Paranoia
<input type="checkbox"/> Agitated	<input type="checkbox"/> Suicidal ideation	<input checked="" type="checkbox"/> Rational	<input type="checkbox"/> Hyperactivity
<input type="checkbox"/> Delusional	<input type="checkbox"/> Lethargic	<input type="checkbox"/> Crying	<input type="checkbox"/> Hallucinating
<input checked="" type="checkbox"/> Eye Contact	<input type="checkbox"/> Loose Associations	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Manipulative
<input type="checkbox"/> Fearful	<input checked="" type="checkbox"/> Calm	<input type="checkbox"/> Other:	

COMMENTS:

Stable

RECOMMENDATIONS:

- SEGREGATION PLACEMENT NOT IMPACTING INMATE'S MENTAL HEALTH
- SEGREGATION PLACEMENT IMPACTING INMATE'S MENTAL HEALTH
- REFERRED FOR PSYCHIATRIC EVALUATION
- Other: _____

Inmate Name: <u>Maples, Coney</u>	AIS #: <u>Z-624</u>
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Disposition: Inmate Medical Record, Institutional Inmate File, Reference:
Central Records File

ADOCAR: 623, 625, 635
ADOC Form MH-039 - November 14, 2005

STATE OF ALABAMA
DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES

REVIEW OF SEGREGATION INMATES

Date Review Completed: 7-12-18 Date Placed in Segregation: 11-21-97

30 DAY REVIEW 90 DAY REVIEW MH Code: 0

ADOC Psychologist/Psychological Associate Conducting Review: ms

MENTAL STATUS EXAMINATION: Institution: Holman

<u>Affect:</u> <input type="checkbox"/> Anxious/nervous <input type="checkbox"/> Flat <input checked="" type="checkbox"/> Appropriate	<u>Appearance:</u> <input type="checkbox"/> Unkempt <input type="checkbox"/> Disorganized <input checked="" type="checkbox"/> Appropriate
<u>Concentration:</u> <input type="checkbox"/> Focused <input type="checkbox"/> Distracted	<u>Intellectual Functioning:</u> <input type="checkbox"/> Normal <input type="checkbox"/> Borderline <input type="checkbox"/> Retarded
<u>Mood:</u> <input type="checkbox"/> Depressed <input type="checkbox"/> Elevated <input checked="" type="checkbox"/> Euthymic <input type="checkbox"/> Irritable <input type="checkbox"/> Manic	<u>Speech & Thoughts:</u> <input type="checkbox"/> Normal <input type="checkbox"/> Pressured <input type="checkbox"/> Slurred <input type="checkbox"/> Stuttering <input type="checkbox"/> Incoherent <input type="checkbox"/> Tangential <input type="checkbox"/> Poverty of speech <input type="checkbox"/> Flight of Ideas
<u>Orientation:</u> <input type="checkbox"/> Disoriented <input checked="" type="checkbox"/> Oriented to time, place and person	<u>Memory:</u> Short-term <input type="checkbox"/> Good <input type="checkbox"/> Poor Long-term <input type="checkbox"/> Good <input type="checkbox"/> Poor

BEHAVIORAL OBSERVATIONS:

<input type="checkbox"/> Aggressive	<input type="checkbox"/> Irrational	<input type="checkbox"/> Passive	<input type="checkbox"/> Paranoia
<input type="checkbox"/> Agitated	<input type="checkbox"/> Suicidal ideation	<input checked="" type="checkbox"/> Rational	<input type="checkbox"/> Hyperactivity
<input type="checkbox"/> Delusional	<input type="checkbox"/> Lethargic	<input type="checkbox"/> Crying	<input type="checkbox"/> Hallucinating
<input checked="" type="checkbox"/> Eye Contact	<input type="checkbox"/> Loose Associations	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Manipulative
<input type="checkbox"/> Fearful	<input checked="" type="checkbox"/> Calm	<input type="checkbox"/> Other:	

COMMENTS:

Stable

RECOMMENDATIONS:

SEGREGATION PLACEMENT NOT IMPACTING INMATE'S MENTAL HEALTH
 SEGREGATION PLACEMENT IMPACTING INMATE'S MENTAL HEALTH
 REFERRED FOR PSYCHIATRIC EVALUATION
 Other: _____

Inmate Name: <u>Mapleg Conley</u>	AIS #: <u>2-624</u>
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Disposition: Inmate Medical Record, Institutional Inmate File, Reference:
Central Records File

ADOC AR: 623, 625, 635
ADOC Form MH-039 - November 14, 2005

W.C. Holman CF
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Corey AIS NO. W-Z1004 CELL: G-2b
 VIOLATION OR REASON: _____ ADMITTANCE AUTH. BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S					
1 26 Aug	MORN	Y							TB
	DAY	Y	Y		R				AM
	EVE	Y	Y						AM
27 Aug.	MORN	N				CD			TB
	DAY	Y			N				AM
	EVE	Y	Y		P2D		WV		AM
28 Aug	MORN	Y							TB
	DAY	Y			N				TV
	EVE	Y	Y		P2D		MV		TV SH
29 Aug	MORN	N				CD			SH
	DAY	N	N						JB
	EVE	N	N	N					
30 Aug	MORN	N				MB			JB
	DAY	Y			N				MB
	EVE	Y	Y	Y					MB
31 Aug	MORN	Y				SB			SH
	DAY	Y	Y		N				AM
	EVE	Y	Y	N					SH AM
31 Sept	MORN	N							SH
	DAY	Y			N				AM
	EVE	Y	Y						AM

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman CF
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Cory AIS NO. W-71624 CELL: G-26
 VIOLATION OR REASON: _____ ADMITTANCE AUTH. BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			EXERCISE	MEDI -CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S					
8/12	MORN	Y							AM
	DAY	Y	Y		N				AM
	EVE	Y	Y						AM
8/13	MORN	Y				CO			AM
	DAY	Y	Y		N				AM
	EVE	Y	N			XSB	m		AM SH
8-14	MORN	N			N				SH
	DAY	Y				SB			TV
	EVE	Y	Y		N				TV SH
8-15	MORN	Y			N	CO			SH
	DAY	Y			N				TP
	EVE	Y	N						TP
8-16	MORN	N			N	CO			PS
	DAY	N	N		N	XSB	m		TP
	EVE	N	N						TS
8-17	MORN	Y			Y				TS
	DAY	Y	Y		N	SB			TS
	EVE	Y			N				TP
8-18	MORN	Y			N				LP
	DAY	Y			N				AM
	EVE	Y							AM

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/SH: Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

W.C. Holman CF
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples, Coron AIS NO. W-71604 CELL: G-26
 VIOLATION OR REASON: _____ ADMITTANCE AUTH. BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S					
9/17	MORN								
	DAY								
	EVE			N					TS
9/18	MORN	Y							
	DAY	Y	Y		N				AM
	EVE	Y	Y	Y	POD	MR		AM Dcey	
9/19	MORN	Y		N					SN Dcey
	DAY	Y							
	EVE		Y						SN Dcey
9/20	MORN	Y		N					SN Dcey
	DAY	Y	Y		N	MB			
	EVE	Y	Y	N					
9/21	MORN	Y							TS
	DAY	Y							
	EVE								
9/22	MORN								
	DAY	Y		R					CC
	EVE	Y	N		ge	onset			SN
9/23	MORN	Y		N					SN
	DAY								
	EVE		Y		Y	onset			SN

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/Shower - Yes (Y) or No (N), Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

**ALABAMA DEPARTMENT OF CORRECTIONS
SEGREGATION UNIT RECORD SHEET
INSTITUTION: W. C. HOLMAN 2019**

INMATE NAME: Maples, Corey AIS NO. W/MZ 624 CELL: G-26
 VIOLATION OR REASON _____ ADMITTANCE AUTH. BY: _____
 DATE & TIME RECEIVED _____ DATE & TIME RELEASED _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
2-17	MORN	Y			N					SH
	DAY									
	EVE				N					SH
2-18	MORN	Y			N					SH
	DAY									
	EVE		Y	Y			DB			SH
2-19	MORN	Y								SH
	DAY	Y	Y		N		SB			SH
	EVE	Y	Y		N					SH
2-20	MORN	Y								SH
	DAY	Y	Y				DB			SH
	EVE	Y	Y	Y						SH
2-21	MORN	Y			N					SH
	DAY	Y	Y				DB			SH
	EVE	Y	Y	N						SH
2-22	MORN	Y			N					SH
	DAY	Y	Y				SB			SH
	EVE	Y	Y	Y						SH
2-23	MORN	Y								SH
	DAY									
	EVE									

Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive.

Meals/SH: Enter Y for Yes, N for No, or R for Refused.

Exercise: Enter the actual time period and where it was taken, Inside or Outside.

Medical: Medical staff will sign each time the inmate is seen.

Psych: A Mental Health Professional will sign each time the inmate is seen.

Comments: Record such information as, i.e. - conduct, attitude

*Use the reverse side of the form for additional comments and include date, signature, and title.

OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016

**ALABAMA DEPARTMENT OF CORRECTIONS
SEGREGATION UNIT RECORD SHEET
INSTITUTION: Holman 2018**

INMATE NAME: Maples Corey AIS NO. WZ-624 CELL: G-26
 VIOLATION OR REASON: _____ ADMITTANCE AUTH BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S					
9/2	MORN	Y							Cu
	DAY								
	EVE			N					SH
9-3	MORN	N		N					
	DAY	Y		N					SH
	EVE	Y	Y	N					CAC
9-4	MORN	Y		Y					B
SEP	DAY	Y		N					TB
	EVE	Y	Y						CAC
9-5	MORN					CO			
	DAY								
	EVE								
9-6	MORN	Y		N		CO			
	DAY	Y		N					
	EVE	Y	Y	N					AM SH
9-7	MORN	N		N		SB			
	DAY	Y		N					
	EVE	Y	Y	Y					
9-8	MORN	Y							
	DAY	Y							
	EVE								

Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assultive.
 Meals/SH: Enter Y for Yes, N for No, or R for Refused.

Exercise: Enter the actual time period and where it was taken, Inside or Outside.

Medical: Medical staff will sign each time the inmate is seen.

Psych: A Mental Health Professional will sign each time the inmate is seen.

Comments: Record such information as, i.e. - conduct, attitude

*Use the reverse side of the form for additional comments and include date, signature, and title.

OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016

W.C. Holman CF
(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Maples Conroy AIS NO. W-71604 CELL: G-26
 VIOLATION OR REASON: _____ ADMITTANCE AUTH. BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S					
<u>1/25</u>	MORN	N							
	DAY	Y			N			Rain	
	EVE	Y							
<u>1/26</u>	MORN	N							
	DAY	Y	Y		N				
	EVE	Y	Y	N		XIB		mv	
<u>1/27</u>	MORN	N			N				
	DAY	Y							
	EVE	Y	Y	Y					
<u>1/28</u>	MORN	N			N				
	DAY	Y							
	EVE	Y	y						
<u>1/29</u>	MORN	N							
	DAY	Y							
	EVE	Y	Y	Y					
<u>1/30</u>	MORN	N							
	DAY	Y							
	EVE	Y	y						
<u>1/31</u>	MORN	N							
	DAY	Y							
	EVE	Y	Y	Y	N	XIB		mv	
<u>2/1</u>	MORN	Y							
	DAY	Y							
	EVE	Y	Y	N		XIB		mv	
<u>2/2</u>	MORN	Y							
	DAY	Y							
	EVE	Y	Y	N		XIB		mv	
<u>2/3</u>	MORN	N			N				
	DAY	Y							
	EVE	Y	Y	Y					

Pertinent Info: i.e. - Epileptic, Diabetic, Suicidal, Assaultive

Meals/Sh: Shower - Yes (Y) or No (N). Refused (R)

Exercise: Enter actual time period and Inside or Outside

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e. - Conduct, attitude *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

ADOC Form 434-A, December 22, 2004

ALABAMA DEPARTMENT OF CORRECTIONS
SEGREGATION UNIT RECORD SHEET
INSTITUTION: Holman 2018

INMATE NAME: Maples Corey AIS NO. W/Z-624 CELL: G-26
 VIOLATION OR REASON: _____ ADMITTANCE AUTH BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S					
2/18	MORN	Y		N					Cee Deen
	DAY	Y		N					AM
	EVE	Y							AM Daily
2/19	MORN	Y							ST
	DAY	Y		R					Daily
	EVE	Y	Y	Y					
2/20	MORN	N							98
	DAY	Y	Y	N					98
	EVE	Y			✓SO			o med	
2/21	MORN								
	DAY								
	EVE		Y		VB		mi		AM Daily
2/22	MORN	N		N					AM Daily
	DAY								
	EVE		N		VB		mi		AM Daily
2/23	MORN	N		N		SO			AM Daily
	DAY		N						
	EVE		N	Y					
2/24	MORN	N							LL
	DAY								
	EVE								

Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive.
 Meals/SH: Enter Y for Yes, N for No, or R for Refused.

Exercise: Enter the actual time period and where it was taken, Inside or Outside.

Medical: Medical staff will sign each time the inmate is seen.

Psych: A Mental Health Professional will sign each time the inmate is seen.

Comments: Record such information as, i.e. - conduct, attitude

*Use the reverse side of the form for additional comments and include date, signature, and title.

OIC Signature: The OIC must sign all record sheets each shift.

ALABAMA DEPARTMENT OF CORRECTIONS
SEGREGATION UNIT RECORD SHEET

INSTITUTION: Holman Correctional Facility 2018

INMATE NAME: Maples, Corey AIS NO. W1Z 624 CELL: G-26
 VIOLATION OR REASON: _____ ADMITTANCE AUTH. BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S					
1	MORN	N		N					SH Day
	DAY				N				
	EVE		N	N		1/4		Q mds	SH Day
3-4	MORN	Y		N					SH Day
	DAY	Y		N					AM
	EVE	Y	Y		N	XBB	SD	mv	
3-5	MORN	Y		N					SH Day
	DAY	Y		N					AM
	EVE	Y	Y		N	XBB			
3-6	MORN	Y		N				Rain	AM
	DAY	Y		N				Q mds	
	EVE	Y	Y		N	XBT			
3-7	MORN	Y							HB
	DAY	Y	Y		R				AM
	EVE	Y	Y	Y					AM SH Day
3-8	MORN	Y		N					SH Day
	DAY	Y		N					AM
	EVE	Y	Y	W		XBB		Below 32° mv	AM SH Day
3-9	MORN	Y		N					SH Day
	DAY	Y	Y		N				AE
	EVE	Y	Y						
3-10	MORN	Y							AM
	DAY	Y			R				AM
	EVE	Y							AM

Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive.
 Meals/SH: Enter Y for Yes, N for No, or R for Refused.

Exercise: Enter the actual time period and where it was taken, Inside or Outside.

Medical: Medical staff will sign each time the inmate is seen.

Psych: A Mental Health Professional will sign each time the inmate is seen.

Comments: Record such information as, i.e. - conduct, attitude

*Use the reverse side of the form for additional comments and include date, signature, and title.

OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016

**ALABAMA DEPARTMENT OF CORRECTIONS
SEGREGATION UNIT RECORD SHEET**
INSTITUTION: **W. C. HOLMAN**, 2018

INMATE NAME:	<u>Maples, Corey</u>			AIS NO.	<u>W12624</u>	CELL:	<u>G-26</u>
VIOLATION OR REASON:				ADMITTANCE AUTH BY:			
DATE & TIME RECEIVED				DATE & TIME RELEASED			
PERTINENT INFORMATION:							

DATE	SHIFT	MEALS			EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S					
11-11	MORN	Y			N				SH
	DAY								
	EVE				N				SH
11-12	MORN		Y		N				SH
	DAY		Y		N				SH
	EVE		Y	Y	N				SH
11-13	MORN		Y						SH
	DAY		Y	Y	N	SB			SH
	EVE		Y	Y	N				SH
11-14	MORN		Y				DS		SH
	DAY		Y	Y	N				SH
	EVE		Y	Y					SH
11-15	MORN		N		N				SH
	DAY		N		N				SH
	EVE		N	N	N	DS			SH
11-16	MORN		Y		N		SB		SH
	DAY		Y						SH
	EVE		Y						SH
11-17	MORN								
	DAY								
	EVE								

Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive.
 Meals/SH: Enter Y for Yes, N for No, or R for Refused.

Exercise: Enter the actual time period and where it was taken, Inside or Outside.

Medical: Medical staff will sign each time the inmate is seen.

Psych: A Mental Health Professional will sign each time the inmate is seen.

Comments: Record such information as, i.e. - conduct, attitude

*Use the reverse side of the form for additional comments and include date, signature, and title.

OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2015

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AR 434 - February 22, 2016

ALABAMA DEPARTMENT OF CORRECTIONS
 SEGREGATION UNIT RECORD SHEET
 INSTITUTION: W. C. HOLMAN, 2018

INMATE NAME: Maples, Corey AIS NO. W12624 CELL: G-26
 VIOLATION OR REASON: ADMITTANCE AUTH BY:
 DATE & TIME RECEIVED: DATE & TIME RELEASED:
 PERTINENT INFORMATION:

DATE	SHIFT	MEALS			EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S					
11-24	MORN	Y		N					SH
	DAY								
	EVE			N					
11-25	MORN	Y							RE
	DAY	Y	Y	R		DS			HB
	EVE	Y	Y						SM
11-26	MORN	Y							BB
	DAY	Y	Y	N					SD
	EVE	Y	Y						
11-27	MORN	Y							
	DAY	Y	Y	N					
	EVE	Y	Y						
11-28	MORN	Y							
	DAY	Y	Y	N		DS			
	EVE	Y	Y	R					
11-29	MORN	Y							
	DAY	Y	Y	R		DS			
	EVE	Y	Y						
11-30	MORN	Y							
	DAY	Y	Y	R		SD			
	EVE	Y	Y						
12-1	MORN	Y							
	DAY	Y	Y	N					
	EVE	Y	Y						

Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assasitive.

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Exercise: Enter the actual time period and where it was taken, Inside or Outside.

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OIC Signature: The OIC must sign all record sheets each shift.

ADOC Form 434-A, February 22, 2016

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AR 434 - February 22, 2016

**ALABAMA DEPARTMENT OF CORRECTIONS
SEGREGATION UNIT RECORD SHEET
INSTITUTION: INC Holman**

INMATE NAME: Maples, Corey AIS NO. WZ624 CELL: G-26
 VIOLATION OR REASON: _____ ADMITTANCE AUTH. BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1/13	MORN	Y								1/13
	DAY	Y	N	N	N					1/13
	EVE		Y	Y						
1/14	MORN	Y					DB			1/14
	DAY	Y								
	EVE			N						1/14
1/15	MORN	N		N			SB			1/15
	DAY	M	Y	Y						
	EVE		Y	Y						1/15
1/16	MORN	Y		N						1/16
	DAY	Y	N	N	N		DB			
	EVE		Y	N						1/16
1/17	MORN	Y								1/17
	DAY	Y	N	N	N		DB			
	EVE		Y	Y						1/17
1/18	MORN	N					SB			1/18
	DAY	M	Y	Y						
	EVE		Y	N						1/18
1/19	MORN	Y		N						1/19
	DAY	M	Y	Y						
	EVE		Y	Y						1/19

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ADOC Form 434-A, February 22, 2016

**ALABAMA DEPARTMENT OF CORRECTIONS
SEGREGATION UNIT RECORD SHEET
INSTITUTION: W. C. HOLMAN 2019**

INMATE NAME: Maples, Corey AIS NO. W/MZ 624 CELL: G - 26
 VIOLATION OR REASON _____
 DATE & TIME RECEIVED _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S					
1-20	MORN	Y		N					SH
	DAY	Y							BY
	EVE	Y	N						DR SH
1-21	MORN	Y	N						SH
	DAY	Y	N	N					SH
	EVE	Y	N	N					Um
1-22	MORN	Y					SB		DR CAE
	DAY	N	N	N					Um
	EVE	N	N	N					
1-23	MORN	Y				DR			DR CAE
	DAY								
	EVE		Y						SH
1-24	MORN	N		N					SH
	DAY	Y							BO
	EVE	Y	N						BY-SH
1-25	MORN	Y		N			SB		SH
	DAY	Y							BT
	EVE	Y	Y						DS
1-26	MORN	Y							DR CAE
	DAY								
	EVE		N						DR CAE

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ADOC Form 434-A, February 22, 2016

**ALABAMA DEPARTMENT OF CORRECTIONS
SEGREGATION UNIT RECORD SHEET
INSTITUTION: INC Holman**

INMATE NAME: Maples, Corey AIS NO. W12624 CELL: G-26
 VIOLATION OR REASON: _____ ADMITTANCE AUTH. BY: _____
 DATE & TIME RECEIVED: _____ DATE & TIME RELEASED: _____
 PERTINENT INFORMATION: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S						
1/27	MORN	Y					MC		Rond Woods 108 CAC	
	DAY	Y								
	EVE	Y	N							
1/28	MORN	Y								
	DAY	Y	M					DB		
	EVE	Y	N							
1/29	MORN	Y		N						
	DAY	Y	M							
	EVE	Y	Y					SB		
1/30	MORN	Y		N						
	DAY	Y	N	N				DB		
	EVE	Y	N	N						
1/31	MORN	Y								
	DAY	Y	M					DB		
	EVE	Y	M							
2/1	MORN	Y		Y						
	DAY	Y	M	N						
	EVE	Y	M	N						
2/2	MORN	Y		N						
	DAY	Y	M	N						
	EVE	Y	M	Y						

Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive.
 Meals/SH: Enter Y for Yes, N for No, or R for Refused.

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ADOC Form 434-A, February 22, 2016

**ALABAMA DEPARTMENT OF CORRECTIONS
SEGREGATION UNIT RECORD SHEET
INSTITUTION: W. C. HOLMAN 2019**

INMATE NAME: Maples, Corey

VIOLATION OR REASON:

DATE & TIME RECEIVED:

PERTINENT INFORMATION:

AIS NO. W/MZ 624 CELL: G-26

ADMITTANCE AUTH. BY:

DATE & TIME RELEASED:

DATE	SHIFT	MEALS			EXERCISE	MEDI-CAL VISIT	PSYCH VISIT	COMMENTS *	OIC SIGNATURE
		B	D	S					
1 <u>2-3</u>	MORN	Y		N					SH
	DAY	Y							BS
	EVE	Y	N						BS
2 <u>2-4</u>	MORN	Y		N					SH
	DAY	Y	N	N		DS			SH
	EVE	Y	N						UM
3 <u>2-5</u>	MORN	Y							SH CPE
	DAY	Y							BS
	EVE	Y				SB			BS
4 <u>2-6</u>	MORN	Y							SH CPE
	DAY	Y							BS
	EVE		Y						SH
5 <u>2-7</u>	MORN	Y		N					SH
	DAY	Y				DS			BS
	EVE	Y	N						BS-SH
6 <u>2-8</u>	MORN	Y		N					SH
	DAY	Y	N	N		SB			UM
	EVE	Y	Y						
7 <u>2-9</u>	MORN	Y							
	DAY	Y	N	N					
	EVE	Y	Y						UM

Pertinent Info: Record such information as, i.e. - Epileptic, Diabetic, Suicidal, Assaultive.
 Meals/SH: Enter Y for Yes, N for No, or R for Refused.

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